**Virtual Pulmonary Rehabilitation**

**During COVID-19 Global Pandemic Assessment Form**

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| **Name:** | **Date of Assessment: \_\_/\_\_/\_\_** |
| **DOB: \_\_/\_\_/\_\_** | **MRN:** |
| **Address:****EIRCODE:****Email address:** | **Medical card no.:** |
| **Phone no.:** |
| **Emergency Contact no.:** |
| **Consultant:** |
| **GP:** |
| **Respiratory diagnosis:** |
| **Other past medical Hx:** | **Social Hx:**Lives alone / with \_\_\_\_\_\_\_\_Two-Storey or Bungalow Mobility:Transportation: Occupation: |
| **Medications:**Inhaler Technique Checked: Yes □ No □  | **Baseline Respiratory function:**Mobility distance: Cough: Sputum: Wheeze: Other: Stress incontinence: \_\_\_\_\_\_\_ Referral to WH: \_\_\_\_\_\_\_ **Vaccines:** Flu □ Pneumonia □  |
| **Home Nebs:** Yes□ No □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Home O2:** No □  Yes □ \_\_\_ L/min \_\_\_\_hrs/day | **Portable O2:** No□  Yes □ Device \_\_\_\_\_ Setting \_\_\_\_\_  |
| **BiPAP:** Yes□ No □ Settings: IPAP:\_\_\_\_ EPAP: \_\_\_\_ | **Smoking Hx:** Never/Ex/Current Pack year Hx:\_\_\_\_\_\_\_\_ |
| **Spirometry** | **Date \_\_/\_\_/\_\_** | **Exacerbation Rate in Past 12 months** |
| FEV1 |  | No. of admissions for Resp. Disease: |
| FVC |  | No. of acute treatment at home:  |
| Ratio |  | **Recent: weight loss/gain/Stable weight \_\_\_\_** |
| % predicted |  | **Height:**  | **Weight:** |
| DLCO |  | **Poor appetite: Y/N** |
| TLC |  | **Dry mouth: Y/N** |
| Reversibility |  |  |
| **1-min STS** | **Pre-rehab Ax Date: \_\_/\_\_/\_\_** | **Post-rehab Ax Date: \_\_/\_\_/\_\_** |
| Pre-test BORG |  |  |
| No. Reps Completed  |  |  |
| Post-test BORG |  |  |
| **CAT (for COPD pts only)** |  |  |
| **MRC** |  |  |
| **GAD-7** |  |  |
| **PHQ-9** |  |  |
| **Falls History** |  |  |
| **ABC Questionnaire** |  |  |
| **Safe to exercise Alone** | Yes □ No □ |  |

**Patient’s personal goal (SMART):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan:**

**Patient Safe to Exercise alone and suitable for VPR □ → Commence VPR on \_\_\_\_\_\_\_\_\_\_\_**

**Patient unsafe to exercise alone but will have person present and suitable for VPR □ → Commence VPR on \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Walking Programme discussed and agreed: Yes □ No□**