**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□**