**Template Respiratory Virtual Pulmonary Rehabilitation**

**Assessment Form**

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| --- | --- |
| **Name: Mr/Mrs/Miss/Ms** | **Date of Assessment: \_\_/\_\_/\_\_** |
| **DOB: \_\_/\_\_/\_\_**  | **MRN:** |
| **Address:****Phone No:****EIRCODE:****Email address:** | **Emergency Contact Name:** |
| **Emergency Phone no.:** |
| **Consultant** |
| **GP** |
| **GP contact details:** |
| **Respiratory diagnosis:** |
| **Other past medical Hx:** | **Social Hx: Living Alone/ Y**□ **N**□ |
| **Medications:**Inhaler Technique Checked: Yes □ No □  | **Baseline Respiratory Symptoms:**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:** | **Real Value** | **% Predicted** | **Exacerbation Rate (see second page)**Comment:  |
| FEV1 |  |  |
| FVC |  |  |
| Ratio |  | **Recent: weight loss/gain/Stable weight \_\_\_\_** |
| % Reversibility |  | **Height:**  | **Weight:**  | **BMI:** |
| DLCO |  | **Poor appetite: Y/N** |
| Respiratory Rate |  |  **Swallow screen for Dysphagia +ve / -ve** |
| **1-min STS** | **Pre-rehab Ax Date: \_\_/\_\_/\_\_** | **Post-rehab Ax Date: \_\_/\_\_/\_\_** |
| No Reps Completed |  |  |
| BORG  |  |  |
| SpO2 |  |  |
| HR |  |  |
| **CAT (for COPD pts only)** |  |  |
| **mMRC** |  |  |
| **GAD-7** |  |  |
| **PHQ-9** |  |  |
| **Falls History** |  |  |
| **ABC Questionnaire** |  |  |
| **Safe to exercise Alone** | Yes □ (ABC >67%) No □ (ABC<67%) |  |

**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□**

Pedometer measured Steps if available

|  |  |
| --- | --- |
| **Pre Average Daily Steps (Monday to Friday)** | **Post Average Daily Steps (Monday to Friday)** |
| **Date:** | **Date:** |
|  |  |

**Guide to Increase by 10% per week**

If pedometer not available there is the option of using a physical activity questionnaire e.g. ‘International Physical Activity Questionnaire’ to guide Physical Activity discussion.

*\*May not be suitable for those needing to Cocoon, instead, aim to reach an additional goal of exercising 3 days unsupervised for 30minutes at moderate intensity.*

**Exacerbation Rate COPD Pre Rehab Post Rehab**

|  |  |  |
| --- | --- | --- |
| How many unscheduled GPs did you attend in the past  |  6mths\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_\_ |  6mths\_\_\_\_\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_ |
| How many unscheduled OOHGP visits did you attend in the past |  6mths\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_\_ |  6mths\_\_\_\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_\_ |
| How many A&E visits related to your respiratory condition did you have in the past  |  6mths\_\_\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_ |  6mths\_\_\_\_\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_ |
| How many hospitalised related to your respiratory health occurred in the last |  6mths\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_\_ |  6mths\_\_\_\_\_\_\_\_\_\_\_\_\_\_12mths\_\_\_\_\_\_\_\_\_\_\_ |