

## Lung Health Review Referral Form

Patients likely to be MRC 3 or more, or who report functional problems related to their breathing. Must be registered to a Blackburn with Darwen GP. Please include medication list if available.

Please fax completed form to: 01254 283717 or email: [pulm.rehab@nhs.net](mailto:pulm.rehab@nhs.net).

For any queries, please do not hesitate to contact us on 01254 283980.

### Patient Details

Surname: ..... Forename: ..... DOB: ..... M / F  
Address: ..... NHS NO.....  
.....  
.....  
Postcode:.....  
Tel:.....  
Mobile:.....

GP:
Practice:
Tel:

### Respiratory Diagnosis

COPD     Chronic Asthma     Interstitial Lung Disease     Bronchiectasis

Comments: .....  
.....  
.....

Any Communication Needs? .....

Is an initial Home Visit necessary?  
Y / N

Has the patient consented to the referral?  
Y / N

Signature of Referrer:

Print name:

Designation & Location:

Telephone:

Date:

**PLEASE FAX TO 01254 283717**

**The Pulmonary Rehabilitation Team is changing its  
name to the**

**Breathing Exercise and Education Programme  
(BEEP)**

**We are now offering Lung Health Reviews**

**Our new contact details are:**

**Phone: 01254 283980**

**Fax: 01254 283717**

**Email: [pulm.rehab@nhs.net](mailto:pulm.rehab@nhs.net)**

**Please find attached the new referral form for Lung  
Health Reviews.**

**Appointments are available at:**

- **Barbara Castle Way Health Centre**
- **Audley Sports Centre**
- **Darwen Health Centre**
- **Darwen Leisure Centre**
- **Spring Bank Court, Mill Hill**
- **Home visits**
- **More Venues TBA**

**Team Leader**

**Will Sullivan, Room 117-119 Innovation Centre, Evolution  
Park, Haslingden Road, Blackburn, BB1 2FD**

