

**Post COVID-19 Syndrome Rehab Referral – Secondary Care**

*Patient Details:*

<b>Name:</b>	<b>H&amp;C:</b>	<b>DOB:</b>
<b>Email Address (if known):</b>		

<b>Date of COVID-19 Diagnosis:</b>
<b>Reason for referral:</b>
<b>Relevant Past Medical History:</b>
<b>Supplementary Oxygen:</b> <b>Yes/No</b>
<b>LTOT/AMB:</b>

<b>Post COVID-19 Rehabilitation Referral Form</b>	
<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
<ul style="list-style-type: none"> <li>Patients who presented with COVID-19 and had a prolonged hospital stay, who received care on ICU +/- Invasive mechanical ventilation, high flow O2 therapy or NIV</li> <li>Patients who presented with COVID-19 and respiratory symptoms with an inpatients stay +/- evidence of pneumonia</li> <li>Patients with persisting symptoms most likely due to COVID-19 but who did not require hospital admission. These patients may not have been tested for COVID-19 but presented with clinical COVID-19</li> <li>Patient's GP has investigated and ruled out other potential causes of ongoing symptoms</li> <li>A willingness to undertake a digital PCS rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Patients admitted with COVID-19 but presenting predominantly with problems relating to neurological, cardiac or renal systems, or polytrauma or other body systems who may be better suited to specific predefined pathways</li> <li>Patients presenting: A) in Nursing homes B) with Severe frailty C) in end of life period D) overwhelming palliative care needs may not benefit due to intensity, nature and style of rehab</li> <li>Patients with suspected or confirmed active COVID-19 infection</li> </ul>
	<p><b>Precautions:</b> (Contact Pulmonary Rehab Lead to discuss)</p> <ul style="list-style-type: none"> <li>Patients with persisting rehabilitation needs requiring MDT input</li> <li>Patients with recent fall related injuries</li> </ul>



General Information:

- This is a twice per week, 6 week exercise and education programme
- Classes are undertaken at home using online platforms
- Educational talks are delivered from MDT members alongside videos promoting improved self-management
- Outcome measures will be assessed pre and post rehabilitation
- Data will be collected and used for service development and audit (complying with Data protection)
- A discharge summary will be sent to GP / Consultant / Referrer upon discharge.

Referrer Confirmation:

I can confirm that this patient meets the criteria listed

The referrer has discussed Post COVID-19 Rehab and what it entails with the patient

The patient has consented to this referral and sharing of information

Relevant and recent Outcome Measures have been attached to referral if applicable

Print Name:	Job Title:	Sign:
Email address:	Telephone:	Date:

**All sections to be completed please**

Completed forms to be sent to:  
[John.mitchell@setrust.hscni.net](mailto:John.mitchell@setrust.hscni.net)

Pulmonary Rehabilitation Lead  
 Community Respiratory Team  
 Bangor Admin Building  
 Newtownards Road  
 Bangor  
 BT20 4LD

