Morlen Health

Home-Based Pulmonary Rehabilitation Program
Provider Referral Form

① Patient Name: _____ DOB: _____

Patient Telephone Number: _____

② **Inclusion Criteria:**

1. Patient is willing to participate in Home-based Pulmonary Rehab

2. COPD:

☐ **Stage 2: Moderate COPD**
(FEV1/FVC < 70%) (50% < FEV1 < 80% predicted)

☐ **Stage 3: Severe COPD** (FEV1/FVC < 70%) (30% < FEV1 < 50% predicted)

☐ **Stage 4: Very Severe COPD**
(FEV1/FVC < 70%) (FEV1 < 30% predicted)

3. Restrictive Lung Disease Diagnosis (with or without COPD) **State diagnosis:**
☐ _____

Is the patient currently on Oxygen? ☐ No
☐ Yes Current prescription: _____

③ **Additional notes and instructions:**

- **Please send the most recent clinic notes and PFT results with this referral. A recent PFT (within the past 12 months) is preferred, but not required.**
- Program has certain exclusion criteria that include:
  1) Oxygen needs of 5L or more at rest.
  2) Severe cardiac or coronary artery disease*
  3) Co-morbidities that preclude exercise training or engagement in PR program**
  4) Hemodialysis especially with labile BP or volume issues
  5) Language barriers without necessary support from caregivers
  6) Logistical barriers e.g., no WIFI or smart phone access /unable to utilize technology.

* Systolic CHF with EF less than 35%; Severe aortic stenosis; Heart block / dysrhythmia without pacer/ICD as indicated; AF with HR > 110; Unstable angina.
** Significant cognitive impairment; Severe psychotic or other mental illness; Musculoskeletal, neurological, or cardiovascular conditions that prevent exercise; A condition that requires direct supervision while exercising.

④ **Special Instructions or Limitations**:

_____

_____

⑤ **Referring Physician Name** (print): _____ Organization: _____

Physician Signature: _____ Time: _____ Date: _____

Name of Office Contact: _____

Office Phone # _____ Office Fax # _____

⑥ **Please fax referral, recent clinic notes and any PFT, 6MWT or 30- second sit-to-stand test results to:**

Morlen Health Home Based Pulmonary Rehabilitation Services at Fax: 833-464-3535

Call **503-917-0685** for information about our Home-Based Pulmonary Rehab Program

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