

# Lungs in Action Entry Form

Client name \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact number \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

Email \_\_\_\_\_

**Emergency contact:** Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship to client \_\_\_\_\_

**Client to sign:** I have received the Lungs in Action Information Form and give my permission for the Lungs in Action instructor to communicate with the referring clinician and/or my GP regarding my progress with Lungs in Action.

**Has the participant completed a full course of Pulmonary or Heart Failure Rehabilitation?**  Yes  No

If NO > Mild Respiratory clients may complete the educational component of rehabilitation only. Complete?  Yes  No

> Physiotherapist is confident that participant is ready for Lungs in Action?  Yes  No

**Medical specialist approval has been obtained for participation in Lungs in Action?**  Yes  No

Specialist's name \_\_\_\_\_

**Please tick all that apply to this client**

Lung Conditions	Heart Conditions	Other Medical Conditions
<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> COPD <input type="checkbox"/> Emphysema <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Pulmonary Fibrosis <input type="checkbox"/> Interstitial Lung Disease <input type="checkbox"/> Lung Transplant <input type="checkbox"/> Sleep Apnoea <input type="checkbox"/> Uses Supplemental Oxygen (uses oxygen during exercise? Y/N) <input type="checkbox"/> Frequent exacerbations <input type="checkbox"/> O <sub>2</sub> Sat continue to drop during recovery? <input type="checkbox"/> Typical recovery times  <input type="checkbox"/> Action Plan Y/N	<input type="checkbox"/> Cardiac Procedures <input type="checkbox"/> CABG <input type="checkbox"/> Stenting <input type="checkbox"/> Angioplasty <input type="checkbox"/> Devices <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD <input type="checkbox"/> IHD/Angina <input type="checkbox"/> Previous MI <input type="checkbox"/> Heart Failure (EF: _____) <input type="checkbox"/> AF <input type="checkbox"/> Stroke <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Valve Disease <input type="checkbox"/> Other _____  <input type="checkbox"/> Action Plan Y/N	<input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes (Insulin dependant? Y/N) <input type="checkbox"/> Frequent exacerbations <input type="checkbox"/> Incontinence <input type="checkbox"/> Illiterate <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Malnutrition <input type="checkbox"/> Musculoskeletal (please specify) <input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Panic Attack <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Personal response plan <input type="checkbox"/> Vision impaired

Comments / instructions \_\_\_\_\_

**Please attach a copy of the Final Week of Pulmonary Rehabilitation Exercise record sheet.**

**Doctor's details**

Name \_\_\_\_\_

Business name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Referring Physiotherapist /AEP details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note that you are welcome to visit your clients at any time during their Lungs in Action exercise class.

Lungs in Action was developed by The Australian Lung Foundation in conjunction with respiratory and heart failure physicians and pulmonary and heart failure rehabilitation experts. It is designed to be safe for those people who have completed pulmonary or heart failure rehabilitation programs and is run by specially trained instructors. It is suitable for people on supplemental oxygen. Not suitable for NYHA Class IV heart failure.