

**PHARMACY CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) ASSESSMENT AND REFERRAL PROGRAMME**

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>Height (m)-measure</b>
<b>ADDRESS</b>		
<b>GP</b>	<b>PMH (If asthma/COPD exclude)</b>	
<b>Pharmacy Name &amp; Address</b>		
<b>Date of attendance</b>		
<b>Patient Consent (I consent for this information to be sent to my GP.)</b>	<b>Patient Signature</b>	<b>Date</b>

**ASSESSMENT QUESTIONS**

<b>Over 35 years</b>	<b>Yes/No</b>
<b>Current smoker/ex-smoker</b>  If yes - How many years? - How many cigarettes per day?	<b>Yes/No</b>
<b>Does patient suffer from frequent coughing?</b>	<b>Yes/No</b>
<b>Does patient produce sputum frequently?</b>	<b>Yes/No</b>
<b>MRC DYSPNOEA SCALE</b> Grade Degree of breathlessness related to activities	<b>Please tick as appropriate</b>
<b>1. Not troubled by breathlessness except on strenuous exercise</b>	
<b>2. Short of breath when hurrying or walking up a slight hill</b>	
<b>3. Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace</b>	
<b>4. Stops for breath after walking about 100m or after a few minutes on level ground</b>	
<b>5. Too breathless to leave the house, or breathless when dressing or undressing</b>	

<b>Result of PULMOLIFE screening</b> (Indicative FEV <sub>1</sub> reading)	_____ %
<b>If &gt;80% predicted</b>	<b>Provide lifestyle &amp; smoking cessation advice</b> <input type="checkbox"/>
<b>If &lt; 80% predicted</b>	<b>Provide lifestyle &amp; smoking cessation advice &amp; <u>REFER</u></b> <input type="checkbox"/>

Date \_\_\_\_\_

Dear Dr \_\_\_\_\_

Following a consultation with your patient:

<b>Name:</b>	<b>Address:</b>
<b>Date of Birth:</b>	

Who has the following symptoms:

	Tick box(es) as appropriate		
Frequent coughing			
Frequent sputum production			
Dyspnoea scale score (1 -5)			
Smoking status	Smoker	Ex-smoker	Non-smoker

I have referred the patient to you as they have an indicative FEV<sub>1</sub> <80%. He/She has an indicative FEV<sub>1</sub> reading of \_\_\_\_%.

Yours Sincerely,

\_\_\_\_\_  
 Pharmacist  
 (Please print name below)

\_\_\_\_\_

Pharmacy Stamp

Tel no \_\_\_\_\_