

CHRONIC DISEASE		
SERVICE	REFERRAL INFORMATION	
<b>RESPIRATORY</b> <a href="#">Respiratory Services Brochure Link</a>	<b>Eligibility</b>	
<p><i>Chronic Disease Wellness Program – formerly HEAL</i></p> <p>Specialising in multi-disciplinary care for patients with complex care needs, Supporting Team Care Arrangements and COPD/Asthma Action Plans</p> <p>Dr Siva J Sivakumaran Dr Toby Tang Dr Maninder Singh Dr Kugathasan Mutalithas</p> <p>Enquiries: Please call 1300 668 936 to speak with the Clinical Nurse Consultant – Respiratory</p> <p>Pulmonary Rehabilitation</p> <ol style="list-style-type: none"> <li>Multi-disciplinary Group Education</li> <li>Home Exercise Programs/Group Exercise</li> </ol>	<p>This service is for patients 18 years and older with:</p> <ul style="list-style-type: none"> <li>a confirmed diagnosis of COPD (who require multi-disciplinary care) or</li> <li>a confirmed diagnosis of Chronic Asthma</li> </ul> <p><b>Have you excluded -</b> Lung Cancer, Interstitial Lung Disease, Cardiac Disease associated breathlessness, Pulmonary Arterial Hypertension, Pulmonary Embolism? <b>If No, refer to Specialist Outpatients Department using template available on GPGC website</b></p>	
	<b>Service Details</b>	
	<p><b>Pulmonary Rehabilitation Education:</b></p> <ul style="list-style-type: none"> <li>What is COPD</li> <li>Breathing Awareness and Control</li> <li>Healthy Eating</li> <li>Swallowing</li> <li>Oxygen use</li> <li>Energy Conservation</li> <li>Identifying and Managing Depression and Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Exercise benefits, Home exercises</li> <li>Community Programs: RCC, LARF, CDSM, HACC service</li> <li>Incontinence</li> <li>Medications</li> <li>Review Breathing, Chest Clearance, COPD Action Plan</li> <li>Coping with Chronic illness, motivation</li> </ul>
	<p><b>Pulmonary Rehabilitation Exercise</b></p> <p>Following medical clearance, client is assessed by the Respiratory Physiotherapist who designs a Graded Exercise program. Programs target both low functioning patients (home exercise programs) and higher functioning patients (centre based gym programs)</p>	
	<b>Pre-Requisite Tests</b>	
<p><b>COPD</b></p> <p>Spirometry Electrocardiogram (ECG) within last 3 months Bloods within last 3 months</p>	<p>Chest X-Ray CT Chest if available</p> <p><b>Chronic Asthma</b> Pre and post SABA Spirometry</p>	
<b>Specific considerations for referral (please indicate on referral)</b>		
<p>Link to <a href="#">Printable</a> Referral Template Link to <a href="#">Download</a> Referral Template</p>	<p><b>Is a Team Care Arrangement requested?</b></p> <p><b>Is this patient newly diagnosed?</b></p> <p><b>Do you consider this person's care needs are:</b> <b>Low risk:</b> can proceed directly to group education? <b>Complex care:</b> has significant co-morbidity that requires full medical and multi-disciplinary assessment and treatment planning?</p>	
	<p><b>Do you have any concern regarding this patient participating in a graded exercise program?</b></p> <p><b>Does this patient have co morbidities that restrict what exercise can be encouraged during group or individual education?</b> &lt;<a href="#">contraindications to exercise</a>&gt;</p>	
	<p><b>Medical History</b></p> <p><b>Is this patient under the care of a respiratory physician?</b></p>	