

**Fatigue, Anxiety & Breathlessness (FAB) Self-Management Programme Referral**

Please email referrals to the FAB Programme Team at Birmingham Hospice to hobs.referrals@nhs.net.

For further information on the programme or to discuss a referral please ask to speak to a member of the FAB Team on **0121 465 2000 for Erdington** or **0121 472 1191 for Selly Park**.

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| **Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Preferred Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_** **D.O.B\_\_\_\_/\_\_\_/\_\_\_\_****NHS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Telephone No:**  | **Referrer’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Work Base \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Tel No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Fax No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Referral: / /** |
| **GP Details:****GP Name: ----------------------------------------------------------------------------------------------------------------------------------****Address: ----------------------------------------------------------------------------------------------------------------------------------****Telephone Number: -----------------------------------------------------****Fax Number: ----------------------------------------------------------** |
| **Next of Kin/Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Marital Status S / M / W / D** **Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Language:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Primary Diagnosis:****For active resuscitation: YES / NO If yes, please give details****Respect or DNAR Form completed: YES / NO** |
| **Past Medical History:****Allergies: YES / NO If yes, please give details** |
| **Is the patient registered on GP Palliative Care (GSF) Register? YES / NO** |
| **Is the patient’s life expectancy greater than 12 weeks? YES / NO** **Is the patient oxygen dependent? YES / NO If yes, please give details.****Does the patient have any communication difficulties? YES / NO If yes, please give details.****Does the patient have any mental capacity issues? YES / NO If yes, please give details.** |
| **Reason for Referral** |
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| **What does the patient hope to achieve from the FAB Programme?** |
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| **Does the patient have their own transport to and from the programme? YES / NO** |

**Inclusion criteria:**

• Moderate/severe symptoms of fatigue, anxiety and breathlessness.

• Diagnosis of a life-limiting illness (malignant or non-malignant disease).

• Able to attend two hourly sessions once a week for six weeks and participate in sessions.

• Ability to participate in chair-based activity/exercise.

• Must have own transport or be able to make own way to either Selly Park or Erdington Site.

**Patients will be screened following referral for eligibility on the programme.**