

Partnership HealthPlan of California
Pulmonary Rehabilitation Questionnaire

Patient's Name: _____ Date: _____

M or F _____ Weight: _____ Height: _____ Age: _____ DOB: _____

Pulmonary Function Testing (PFT) results must be submitted with TAR.

Note: Members with special considerations for pulmonary rehabilitation (patients eligible for lung transplant or those with Post-COVID-19 sequelae) are not required to submit PFT results (4.a. – c. below) but must otherwise complete and submit this form with the TAR.

MEMBER'S DIAGNOSIS:

Member must meet ALL of the following criteria:

	YES	NO
1. Reduction in exercise tolerance that restricts the ability to perform activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>
2. Symptoms that persist despite appropriate medical management	<input type="checkbox"/>	<input type="checkbox"/>
3. No longer smoking or vaping any products (including marijuana) or at least actively quitting by evidence of use of a cessation protocol	<input type="checkbox"/>	<input type="checkbox"/>
4. Have at least moderate functional pulmonary disability, with appropriate medical management, as demonstrated by one of the following:		
a. Obstructive disorders: Pulmonary function tests showing FEV1/FVC less than 70%	<input type="checkbox"/>	<input type="checkbox"/>
b. Restrictive/fibrotic disorders FEV1, FVC, TLC, or DLCO less than 60% of predicted	<input type="checkbox"/>	<input type="checkbox"/>
c. Either: A maximal pulmonary exercise stress test under optimal bronchodilatory treatment, as indicated, that demonstrates limitation to exercise with a maximal oxygen uptake (VO2max) equal to or less than 20ml/kg/min, or about 5 metabolic equivalents (METS)	<input type="checkbox"/>	<input type="checkbox"/>
9. The member is physically able, motivated and willing to participate and is a candidate for self-care post-program.	<input type="checkbox"/>	<input type="checkbox"/>
10. The member does not have any concomitant medical conditions that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g. symptomatic coronary artery disease, CHF, recent (6 months) myocardial infarction, dysrhythmia, active joint disease, claudication, malignancy).	<input type="checkbox"/>	<input type="checkbox"/>
11. Member has had no pulmonary exacerbation within the past four weeks.	<input type="checkbox"/>	<input type="checkbox"/>