[Logo (colour) ](http://staffroom.ydh.yha.com/communications/corporate-branding-and-identity/logo-colour-1/image_view_fullscreen)

**COMMUNITY RESPIRATORY REFERRAL FORM**

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| **Patient & Referrer Details** |

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| Date of Referral | <Todays date> | Referrer Name |  |
| Name | <Patient name> | GP Practice |  |
| Address | <Patient address> | GP Address |  |
| Date of Birth | <Date of birth> | Postcode |  |
| Gender | <Gender> | Practice Email |  |
| Home Telephone | <Patient contact details> | Practice Telephone |  |
| Mobile Telephone | <Patient contact details> | Practice Fax |  |
| NHS No. | <NHS number> | Hospital Number |  |

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| **Respiratory Diagnosis:**  COPD  Bronchiectasis  Pulmonary Fibrosis  Asthma Interstitial Lung disease  Other  (please specify) |
| **Reason for Referral:** (please refer to service overview document on the [RSS](https://www.valeofyorkccg.nhs.uk/rss/respiratory))  Breathlessness  End stage Respiratory Disease  Optimisation of therapy  Post-exacerbation support  Other  (please specify)  **MRC Dyspnoea Scale** – please tick the one that is closest to patient’s condition  1 Breathless only with strenuous exercise  2 Short of breath when hurrying on the level or up a slight hill.  3 Slower than most people of the same age on a level surface or Have to stop when walking at my own pace on the level.  4 Stop for breath walking 100 meters or After a walking few minutes at my own pace on the level  5 Too breathless to leave the house.  **Additional Information:** |
| **Most Recent Spirometry Results:**  **FEV1: <Numerics>**  **FEV1/FVC: <Numerics>**  **FVC: <Numerics>**  **Percentage Predicted FEV1 <Numerics>**  **SpO2 <Numerics(table)>**  **Respiratory Rate**      /min  **BP <Latest BP>**  **Last Height: <Latest Height> Most recent weight: <Latest Weight>**  **Most recent BMI** <Latest BMI>  Smoking history**:**  Pack Years  Offered support to stop Yes  No  Wants to stop  Doesn’t want to stop |
| **Email referral to:** [**yhs-tr.communityrespiratoryservices@nhs.net**](mailto:yhs-tr.communityrespiratoryservices@nhs.net)  **Fax: 01904 726318**  **Post: Community Respiratory Services**  **Clementhorpe Health Centre**  **Cherry Street**  **York YO23 1AP**  **N.B. If you are unsure whether your patient is appropriate for referral to this service please contact the Community Respiratory Nurse on 01904 724537 to discuss before referring.** |