

**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****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.**  |