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| **Patient Details** | **GP Details** |
| **Name:**  **Address:**  **Telephone No:**  **NHS No:**  **DOB:**  **NOK details:** | **GP Name:**  **Surgery:**  **Contact Details:**  **Referrer Name:**  **Referrer Role:**  **Referrer Contact Number:** |
| **Diagnosis:**  **Consultant:** | **Co-morbidities** **(including Anxiety)**:  **Known to Community/Palliative care/other:** |
| **Reason for Referral** | |
| **West Hampshire Pulmonary Rehab**  **\*\* Currently not provided by Southern Health in North Hampshire. Please refer to Solent NHS Trust in the usual way \*\*** | |
| **Oxygen** (patient must be stable):  New assessment Review of current use  LTOT Ambulatory  Saturations at rest: Saturations on exertion:  **ABG on Air:**  **ABG readings on …..l/m oxygen:**  Current oxygen Usage (flow rate/hours):  Current equipment:  Evidence of Pulmonary Hypertension, Heart Failure or Secondary Polycythemia:  Yes No    Inhalers optimally prescribed: Yes No | |
| **West Hampshire Admission Avoidance and Supported Discharge Referrals**  **\*\* Currently not available for North Hampshire CCG patients \*\***  Patients must have a confirmed diagnosis of COPD in order to be accepted into the service.  Referrals must be made via the clinical telephone triage line ONLY. **Please call 0300 003 0397** (For Southampton and surrounding areas please contact: 02381 204358)  This service is available 7 days per week 8.30am to 4.30pm. Clinical triage will confirm service capacity to accept patient and discuss referral. The service is unable to take responsibility for the patient until either a discharge summary (supported discharge) or a visit encounter (Admission Avoidance) is received.  Exclusion Criteria:  Pneumonia, Uncontrolled co-morbidities, Suspected Pulmonary embolism, Acute asthma | |
| **General Information required for all patient referrals** | |
| **Medication**: oral/inhaled/nebulised/allergies | |

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| **Relevant Investigations:**  Last Spirometry (with date)  FEV1/FVC Ratio:  FEV1 % Predicted:  FVC % Predicted:  Other | **Current smoking status:**  Pack year history:  Referred to Smoke Free Hampshire: Yes / No |
| Any further info required prior to seeing patient  Carer/family required to be present | Current activity level  Anxiety  Is patient able to attend clinic? |
| Observations | |
| BP | HR |
| SPO2 | Temp |
| RR |  |
| Additional Information | |
| Most Recent CXR Findings :  Bloods: | |
| LONE WORKER: I confirm that it is safe for staff to visit the patient at home alone Yes / No | |

Signed: Date

Print Name: Designation:

**We have weekly MDT meetings in each area. Please call if you would like to attend.**