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| **Croydon**  Email:  [ch-tr.croydonpr@nhs.net](mailto:ch-tr.croydonpr@nhs.net)  Tel: 02082746495 | **Richmond**  Email: [hounslowandrichmond.spa@nhs.net](mailto:hounslowandrichmond.spa@nhs.net)  Tel: 020 8487 1783 | | **Kingston**  Email: [swlccg.yourhealthcarespa@nhs.net](mailto:swlccg.yourhealthcarespa@nhs.net)  Tel: 02082747088 |
| **Merton**  Email: [CLCHT.MertonRespiratory@nhs.net](mailto:CLCHT.MertonRespiratory@nhs.net)  Tel: | **Sutton**  Email:  [esth.shc-referrals@nhs.net](mailto:esth.shc-referrals@nhs.net)  Tel: 0208 296 4111 | | **Wandsworth**  Email:  [Stgh-tr.nmskpathwayhub@nhs.net](mailto:Stgh-tr.nmskpathwayhub@nhs.net)  020 8725 3016 |
| **Urgent referral ⬜**  Post hospital admission  Post exacerbation / infection | | **Routine referral ⬜** | |

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| PATIENT DETAILS | | |
| Name: | Address: | GP: |
| DOB:  Gender: |
| NHS number: | Tel: | NOK: |
| Mob: |
| Ethnicity: | First language:  Interpreter required: | NOK Tel: |

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| DIAGNOSIS | | |
| Respiratory Diagnosis: | Relevant PMH:  Cardiac, MH, MSK (tick box) | |
| Spirometry date (if available):  FEV1  FVC  FEV1/ FVC ratio: | MEDICATIONS: *Please attach summary / medication list if available* | |
| MRC Dyspnoea Score:   * 1. Not troubled by breathless except on strenuous exercise * 2. Short of breath when hurrying on a level or when walking up a slight hill * 3. Walks slower than most people on the level or stops after 15 minutes walking at own pace * 4. Stops for breath after walking 100 yards, or after a few minutes on level ground * 5. Too breathless to leave the house, or breathless when dressing/undressing | | |
| In last 12 months, approximate number of (if available):  Hospital respiratory admissions:  Courses of antibiotics:  Courses of steroids:  Smoker: Yes ⬜ No: ⬜ Ex-smoker: ⬜ Passive: ⬜ | Latest observations, date: | |
| HR:  BP:  RR:  Weight:  Height: | RR:  Sp02: % on air  Oxygen use: ⬜ Yes ⬜ No  Flow rate:  Hours per day: |

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| REFERRER DETAILS | |
| Patient aware & consent obtained: Yes ⬜ No ⬜ *If not aware, please detail your rationale for referral:* | |
| Referrer Name: | Organisation: |
| Email: | Telephone: |
| Date: | |