



Community Respiratory Service Referral Form

Referral made by:	Designation:						
Contact Details:	Date of Referral:						
Patient's Name:	D.O.B:						
Address:	GP:						
Phone No.	Surgery Address:						
NHS No.	GP Phone No.						
<p>Is the patient aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Meets Referral Criteria? Yes <input type="checkbox"/> No <input type="checkbox"/></p>							
<div style="border: 1px solid black; height: 40px; margin-bottom: 10px;">Diagnosis:</div>							
<p style="text-align: center;">Current Oxygen Therapy:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">Yes</td> <td style="width: 15%;"></td> <td style="width: 15%;">No</td> <td style="width: 15%;"></td> <td style="width: 15%;">Type</td> <td style="width: 25%;"></td> </tr> </table>		Yes		No		Type	
Yes		No		Type			
<p style="text-align: center;">Has patient attended Pulmonary Rehab?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">Yes</td> <td style="width: 15%;"></td> <td style="width: 15%;">No</td> <td style="width: 15%;"></td> <td style="width: 15%;">Date</td> <td style="width: 25%;"></td> </tr> </table>		Yes		No		Date	
Yes		No		Date			
<p style="text-align: center;">Oxygen Saturations:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">At Rest (on air)</td> <td style="width: 15%;">%</td> <td style="width: 15%;">On O₂ Litre</td> <td style="width: 15%;">%</td> <td style="width: 15%;">On Exertion (on air)</td> <td style="width: 15%;">%</td> </tr> </table>		At Rest (on air)	%	On O ₂ Litre	%	On Exertion (on air)	%
At Rest (on air)	%	On O ₂ Litre	%	On Exertion (on air)	%		
<p>Any other relevant information including current activity level/patient goals etc.:</p>							
<p>Please Fax to: 01702 390761 Telephone No. 01702 313600</p>							