**Primary Care Respiratory Clinic (GP led) Referral Form**

**Email Referrals to:**  pcnmoretonandmeols@nhs.net

 This referral will be triaged and an appropriate appointment booked.

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| **Date of Referral:** |  |
| **Referring Practice Name and N code:** |  |
| **Name of Referrer:** |   |
| **Best Contact Number for a Clinician to contact the referrer:** |  |
| **Practice Gatekeeper Email Address:** |  |

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| **Patient Name:** |  |
| **DOB:** |  |
| **NHS Number:** |   |
| **Address including Postcode:** |  |
| **Contact Numbers: Home:** |   |
|  **Mobile:** |   |
| **Is patient housebound?** |  [ ]  Yes [ ]  No  |
| **Has the patient been referred into the service in the last 12 months?**  | [ ]  Yes [ ]  No |
| **Reason for referral** |    |
| **Has the patient had a recent chest x-ray?** |  [ ]  Yes [ ]  No |
| **Has the patient had recent FBC?** |  [ ]  Yes [ ]  No |
| **Is the patient already under any other respiratory service** |  [ ]  Yes [ ]  No |

**Please remind patient to bring any inhaler devices to clinic appointments.**

**For office use only**

Referral to be triaged within 5 days of receipt of referral

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| **Date Referral Received:** |  |
| **Referral Received By:** |  |
| **Date Patient Contacted:** |  |
| **Date &Time of Appointment:** |  |
|   |  |