**Spirometry Referral Form**

**Email Referrals to:**  [pcnmoretonandmeols@nhs.net](mailto:pcnmoretonandmeols@nhs.net)

**Please note: this service is not suitable for patients under the age of 16. Patients below this age should be booked for a review with the PCN respiratory team.**

***Patients must be 6 weeks clear of infection prior to appointment.***

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** | Suspected COPD  Suspected Asthma  Other |
| **Reason for referral to PCN rather than having Spiro at GP practice** | Can only attend on a Saturday  Can only attend evenings |
| **Has the patient had an infection in the last 6 weeks?** | Yes  No |
| **Has the patient undergone any form of surgery in the past 3 months** | Yes  No |
| **Does the patient have any other contraindications to spirometry \*** | Yes  No  If Yes please state below: |

**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:** |  |
|  |  |

\*Contraindications for spirometry

Absolute contraindications:

* Active untreated TB
* Aneurysm aortic or cerebral >6cm or bulging.
* Untreated Pulmonary Embolism

Relative Contraindications:

* Eye surgery in past 2-6 weeks
* Unstable angina/Angina attack
* Myocardial Infarction in past 4 weeks
* Pneumothorax in past 4 weeks