**Breathe Community Respiratory Service: Long Covid Referral Proforma**

**\*Only refer when patients have had full investigations to rule out alternative diagnosis \***

Please complete the below information in full and send via email to:

RightCareBarnsleyIntegratedSPA@swyt.nhs.uk

For queries or advice / support. Telephone: 01226 644575. If using SystmOne an e-referral can be sent to the Breathe Service via the Neighbourhood Teams SystmOne Unit.

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| **Patient Name** | **NHS number** | **Date of Birth** |
| **Address** | **Telephone Number** | **Mobile Number** |
| **Referrer Name**  | **Designation** | **Contact Details** |

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| **Current Symptoms****Breathlessness at rest** [ ]  **Breathlessness on exertion** [ ]  **Cough** [ ]  **Chest Tightness** [ ] **Fatigue** [ ]  **Palpitations** [ ]  **Myalgia (Muscle aching)** [ ]  |
| **What is the main problem you would like help with and reason for referral to the BREATHE - Long Covid service?** |
| **Covid History (Include treatment and investigations)****Chest X-ray** [ ]  **Full blood tests as per NHS Covid Guidance** [ ]  **Referrals will be rejected if these boxes are not ticked** |
| **Previous Medical History** |
| **Medication** |

**Please feel free to attach any additional supporting documentation**