**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](mailto: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.

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

|  |
| --- |
| **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**