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

**swy-tr.rightcarebarnsleyintegratedspa@nhs.net**

For queries or urgent advice regarding oxygen assessments or support to palliative patients please telephone: 01226 644575.

If using SystmOne and e-referral can be sent to the Breathe Service via the Neighbourhood Teams SystmOne Unit.

**Service required:**

LTOT Assessment (long term oxygen for hypoxia) [ ]

Ambulatory Assessment (patient should be mobile) [ ]

Palliative Oxygen Assessment [ ]  Patient is under Macmillan or oncology team [ ]

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

|  |  |
| --- | --- |
| **Referrals MUST include the following information.*** **Respiratory History:** Please include diagnosis and date of diagnosis
* **PMH:** Please include all other conditions.
* **Medication:** Please include all repeat medication and allergy information.
* **Exacerbation:** Please include if the patient is currently being treated for an exacerbation as patients should be clinically stable for at least 8 weeks before assessment if able to do so (BTS guidelines)
* **Spirometry:** Please include date and findings and attach copy of trace. (minimum required information FEV1/FVC ratio FEV1% predicted and FVC)
 |  |
| Smoking* Current smoking Status of patient.
* Date of stopping smoking?
* If smoker, has the patient been referred to smoke stop service?
* Does anyone else in the property smoke?
 |    Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| **Oxygen*** Oxygen saturation level Date checked
* Oxygen saturation level Date checked

**Note – Need two measurements of <92% at least 3 weeks apart for LTOT (NICE guidelines).** |
| Does the patient have access to their own pulse oximeter? | Yes [ ]  No [ ]   |
| **What is the main problem you would like help with and reason for referral to The BREATHE Service?** |