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

[**swy-tr.rightcarebarnsleyintegratedspa@nhs.net**](mailto: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?** | |