Referral Form – Covid Oximetry @ Home Monitoring Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Time:** |  | **Referral taken by:** |  |
| **PATIENT DETAILS** | | | | | |
| **Patient Name** |  | | | | |
| **DOB:** |  | | **ADDRESS:** | | |
| **NHS No:** |  | |
| **Phone/Mobile No** |  | |
| **Alternative Contact**  **/ NOK** |  | |
| **GP Surgery** |  | | | | |
| **REFERRAL DETAILS** | | | | | |
| **Referrer (tick):** | | **GP** | **OOH** | **ED** | **Hot Hub** |
|  |  |  |  |
| **If other/further detail please state:** | |  | | | |
| **Service referred to (tick)** | | **Calderdale** |  | **Kirklees** |  |
| **Date of COVID symptom** | |  | | **COVID Category** | **Category 2 confirmed Y/N** |
|  |
| **Reason for referral (tick where applicable)** | | **> 65 Years, CV19 +ve & Symptomatic** |  | **<65 Years, CV19 +ve & Extremely Vulnerable or Additional Risk** |  |
| **OBSERVATIONS** | | | | | |
| **Baseline SPo2 (if available)** | |  | **SPo2 at referral (if available** |  | |
| **Temp (if available)** | |  | **Respiratory Rate (if available)** |  | |
| **Pulse (if available)** | |  | **BP (if available)** |  | |
| **CRT** | |  |  |  | |
| **Examination findings** (For patients who have received a face to face assessment) | |  | | | |
| **Current Medications** | |  | | | |
| **Patient History** (Any respiratory specific history / diagnosis / co-morbities) | |  | | | |
| **Treatment Prescribed** | |  | | | |
| **Has non COVID cause for symptoms been ruled out?** | |  | | | |
| **Spo2 monitor issued?** | | **Y / N** | **SPo2 diary issued?** | | **Y / N** |
| **Additional Info** (Equipment Log No) | |  | | | |
| **Has patient consented?** | | **Y / N** |  | | |

Email completed form to: [covidoximetry.lcd@nhs.net](mailto:covidoximetry.lcd@nhs.net)

Upon receipt of the form we will contact the patient within the next 24 hours.