**Referral by eRS (One stop shortness of breath TRIAGE Respiratory/Cardiac Ealing Community Diagnostic Centre – London North West University Healthcare NHS Trust)**

*Please ensure patient aware that tests will occur at Ealing CDC*

*Please ensure exclusion criteria addressed*

*This is NOT an urgent service*

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| **Patient** | | **Referrer** | |
| **Name** | <Patient name> | **Name** | <Sender Name> |
| **NHS No** | <NHS number> | **GMC** | <Referrals out> |
| **DOB** | <Date of birth> | **Organisation** | <Organisation Details> |
| **Address** | <Patient Address> | **Address** | <Organisation Address> |
| **Home Telephone** | <Patient Contact Details> | **Organisation code (if applicable)** | <Organisation Details> |
| **Mobile / Alternative** | <Patient Contact Details> | **Telephone** | <Organisation Details> |
| **Email** | <Patient Contact Details> | **Email (NHS)** | <Organisation Details> |
| **Gender** | <Gender> | **Borough** |  |
| **Ethnicity** | <Ethnicity> | **GP Details** | ONLY to complete if referrer above NOT GP - e.g. GP Practice Name & Address |
| **Language** | **Interpreter required?**  No Yes - | **Main Spoken Language:** <Main spoken language> | |
| **Disabilities** | **Physical/Communication impairments, especially if requires assistance with arranging appointments?**  No Yes – Details: | | |
| **Transport** | **Patient housebound?** No Yes | | |
|  | **Transport required?** No Yes - Provider to arrange Yes - Referrer to arrange | | |
| **Carer Details** | **include Parents if patient is a child)**  <Relationships> | | |

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| **Supporting reasons for Referral – please tick:** | |
| Breathlessness  Include CXR report  **Possible diagnosis:**  <Event Details>  **Summary :**  <Summary>  **Problems**  <Problems> | |
| **NTproBNP, FBC, TFT, Glucose, U&E**: **SEE BELOW**  **MRC breathlessness scale.** | |
| **Attached GP summary with medication:**    **Current Acute Medication in the last 1 month**  <Medication>  **Current Repeat Medication**  <Repeat Templates>  **Allergies &Sensitivities**  <Allergies & Sensitivities>  **Please include any relevant documentation** | **Referrer’s details and Telephone Number:**  <Sender Name>  <Organisation Details>  **Date: <Today's date>** |
| **Exclusions**  Under 18’s.  Red flag symptoms (chest pain, haemoptysis, acute breathlessness, inspiratory/expiratory stridor, syncope, supraclavicular or cervical lymphadenopathy, persistent chest infection)  Existing confirmed diagnosis of chronic respiratory or cardiac conditions (e.g. asthma, COPD, ILD, heart failure)  Abnormal chest x-ray  Elevated Nt-BNP/ BNP (should refer to cardiology/ heart failure clinic directly) | |

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| **Clinical Information** | | |
| |  |  |  | | --- | --- | --- | | **Test** | **Result** | **Date** | | BP | <Latest BP> | <Numerics> | | Pulse rate | <Diagnoses> | <Diagnoses> | | BMI | <Latest BMI> | <Numerics> | | Smoking Status | <Diagnoses> | <Diagnoses> | | Total haemoglobin level | <Numerics> | <Numerics> | | BNP | <Numerics> | <Numerics> | | NT-ProBNP | <Numerics> | <Numerics> | | | |
| **Relevant blood tests: (Recorded in the past 15 months)** | | |
| **Test** | **Result** | **Date** |
| **Full Blood Count** | | |
| Haemoglobin concentration: | <Numerics> | <Numerics> |
| Total White Blood Count: | <Numerics> | <Numerics> |
| Platelet count: | <Numerics> | <Numerics> |
| Mean Cell Volume: | <Numerics> | <Numerics> |
| **U&E (last one recorded)** | | |
| eGFR: | <Numerics> | <Numerics> |
| Serum Urea level: | <Numerics> | <Numerics> |
| Serum Creatinine level: | <Numerics> | <Numerics> |
| Serum Sodium level: | <Numerics> | <Numerics> |
| Serum Potassium level: | <Numerics> | <Numerics> |
| Urine Albumin Creatinine Ratio: | <Numerics> | <Numerics> |
| **Lipids (last one recorded)** | | |
| Serum Cholesterol level: | <Numerics> | <Numerics> |
| Serum HDL Cholesterol level: | <Numerics> | <Numerics> |
| Serum LDL Cholesterol level: | <Numerics> | <Numerics> |
| Serum Triglyceride level: | <Numerics> | <Numerics> |
| Total Cholesterol/HDL ratio: | <Numerics> | <Numerics> |
| Serum non high density lipoprotein cholesterol level | <Numerics> | <Numerics> |
| **Liver Function Tests** | | |
| Serum alanine aminotransferase level (ALT): | <Numerics> | <Numerics> |
| Serum alkaline phosphatase level (ALP): | <Numerics> | <Numerics> |
| Serum Bilirubin level: | <Numerics> | <Numerics> |
| Gamma-glutamyl transferase level (GGT): | <Numerics> | <Numerics> |
| Aspartate transaminase (AST): | <Numerics> | <Numerics> |
| Serum Albumin level: | <Numerics> | <Numerics> |
| **Bone Profile** | | |
| Serum Calcium level: | <Numerics> | <Numerics> |
| Serum Adjusted Calcium concentration: | <Numerics> | <Numerics> |
| Serum inorganic phosphate level: | <Numerics> | <Numerics> |
| **Thyroid Function Tests** | | |
| Serum TSH level: | <Numerics> | <Numerics> |
| Serum T4 level: | <Numerics> | <Numerics> |
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