##### RESPIRATORY HOT CLINIC REFERRAL FORM

**When:** Monday to Friday 9.00am – 12.30pm

**Where:** Respiratory out-patients A221, Queens Building, Bristol Royal Infirmary

**Inclusion criteria:** Any adult patient with acute respiratory symptoms who is threatening admission.

**Exclusion criteria:**

* Suspected lung cancer – please refer via ‘2 week wait fast track’
* Suspected TB – please refer to specialist TB clinic

**How to access service:** Submit referral via Respiratory HOT Clinic referral assessment service by selecting the blue send for triage button.

**Internal referral from UHB only – email respiratorycliniccoordinator@uhbw.nhs.uk**

For enquiries please telephone **0117 3424101**

We aim to see all patients within 48 hours of referral. Capacity for this emergency/admission avoidance clinic is limited and we may have to prioritise appointments.

* Patients must be able to get to the hospital themselves – AMBULANCE TRANSPORT IS NOT TO BE USED UNLESS IT IS BOOKED FOR THE RETURN JOURNEY.
* **Please ensure patient contact telephone number is included*.* We will contact them by phone to give an appointment time.**
* **Please attach a copy of the patient’s recent medications and EMIS print out.**

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| **Patient details (In Block Capitals):** | **GP details:** |
| Name: | Name: |
| M/F: | Practice: |
| d.o.b: | Address: |
| NHS Number: |  |
| Hospital Number: |  |
| Address: |  |
|  | Postcode: |
| Postcode: | **Email:** |
| **Telephone No:** | **Telephone No:** |
|  | **Name of referrer:** |
| Date and time of referral: | **Signature of referrer:** |

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| **Reason for referral:** |