Sussex Community NHS
NHS Foundation Trust

COPD TEAM REFERRAL FORM - COASTAL

Date of Referral:

Patient Details

Name: **DOB:**

Address: **NHS No:**

Telephone No:

GP: **Practice Name:**

Diagnosis:

Past Medical History:

Last Spirometry results & date:

Date of last Chest X-Ray & results:

Current Medication (including details of nebuliser and oxygen therapy):

COPD TEAM REFERRAL FORM (continued)

Current problem list:

Reason for referral:

Issue of concern pertaining to home visits:

Person referring:

Designation:

Contact Details:

Please send this form to the COPD (Coastal) Team by either -
Email: SC-TR.COPDcoastal@nhs.net
Fax: 01903 276938

We will contact the patient directly to arrange an appointment /visit.

2nd Floor Southfield House
11 Liverpool Gardens
WORTHING BN11 1RY

Telephone number: **01273 265851**

Thank you