

Dudley Home Oxygen Referral Form

PRE – Referral Considerations:

Before referral please ensure:

- You have followed the home oxygen pathway flow chart.

INCOMPLETE FORMS WILL BE REJECTED

Priority:

- Routine (20 working days)
 Urgent (2 working days)

Type of Assessment Required:

- Long term oxygen assessment (SPO2 less than 92% on room air)
- Ambulatory Assessment (Mobile o2)
- Reassessment (patient already on home oxygen but requires reassessment)
- Palliative Home Oxygen (prognosis less than 6 weeks)
- Short Burst Oxygen

Oxygen Saturations (THIS MUST BE COMPLETED):

Patient Details

Name:

GP:

Date of Birth:

Practice Name:

NHS Number:

GP Code:

Address:

GP Address:

Postcode:

Postcode:

Telephone Number:

Telephone number:

Diagnosis:

Past Medical History:

Referring Clinician:

Name:

Designation / Department / Hospital / GP Practice:

Telephone Number:

Email Address:

Confirmation:

- I confirm that I have followed the Home oxygen pathway
- A patient summary is attached.

Once Complete Please return:

Email: dgft.dudleyhomeoxygen@nhs.net

Telephone Number: 01384 244315 (Monday to Friday 9am to 5pm answer phone outside these hours)