

# Dudley Respiratory Assessment Service (DRAS) Referral Form *(for use by Virtual Ward Teams)*

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## PATIENT INFORMATION

FORENAME: .....	SURNAME: .....
ADDRESS: .....	DATE OF BIRTH: ..../..../..
.....	NHS No: .....
.....	
POSTCODE: .....	
SEX: M <input type="checkbox"/> F <input type="checkbox"/>	ETHNIC ORIGIN: .....
HEIGHT (CM): .....	WEIGHT (KG): .....

## REFERRAL INFORMATION

KNOWN DIAGNOSIS/CONDITION:	SAT's:
RECENT CHEST X-RAY? Y <input type="checkbox"/> N <input type="checkbox"/>	BLOODS? Y <input type="checkbox"/> N <input type="checkbox"/>
KNOWN TO DRAS? Y <input type="checkbox"/> N <input type="checkbox"/>	KNOWN TO RESPIRATORY CONSULTANT? Y <input type="checkbox"/> N <input type="checkbox"/>
	NAME: .....
REASON FOR REFERRAL/ADDITIONAL INFORMATION: ..... ..... ..... .....	
NAME OF PERSON MAKING THIS REFERRAL: .....	
CONTACT DETAILS OF PERSON MAKING THIS REFERRAL	
BASE: .....	TEL: .....