|  |
| --- |
| **Eligibility Criteria:** referral within 1 month of discharge |
| Confirmed Diagnosis of COPD [ ]  | Public patient in hospital [ ]  |
| Not currently on home oxygen [ ]  | Patient aware of referral [ ]  |

|  |
| --- |
| Interpreter required [ ]  Y [ ]  N Language spoken       |

|  |
| --- |
| **Client Details** |
| Name: |       |
| Address: |       |
| Date of birth: |       |
| Phone No: |       |
| NOK details: |       |

| DOB |   | PID Number |
| --- | --- | --- |
| Gender |   |   |
| Title |   | Surname |   |
| Given Names |   |
| Address |   |
|  | *(Type or affix sticker)* |

|  |
| --- |
| **Referrer Details** |
|  | [ ]  Doctor | [ ]  Nurse | [ ]  Physio |
| Address:  |       |       |       |
| Designation:  |       |       |       |
| Phone No:  |       |       |       |

|  |
| --- |
| **Medical History**      |
| **Medications**      |
| **Allergies:**       |

|  |
| --- |
| **Spirometry – attach if available** |
| FEV1:       | FVC:       | FEV1/FVC:       |

|  |  |
| --- | --- |
| COPD Action Plan attached [ ]  | Referred to Pulmonary Rehab [ ]  |
| Emergency Script provided [ ]  | Discharge Summary Attached [ ]  |

|  |  |  |
| --- | --- | --- |
| Name:       | Signature:       | Date:       |

|  |
| --- |
| **Please complete and fax individual referral to 1300 601 788 or email** SCReferrals@silverchain.org.au |
| For further information, speak to one our Silverchain Liaison Nurses on 1300 300 122 or contact Silverchain 9242 0242 |