Post-COVID Syndrome Assessment Clinic (SEL) Referral Form

**This form contains merged data from the medical record which appears in red font or under red headings. Please delete any information which is irrelevant to the referral.**

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| **About this Form** | | | | | | | | | | | | | |
| This form should be used to refer patients, aged 18 years or older, to one of the Post-COVID Syndrome Assessment Clinics in South East London.  Access to these clinics is for patients with suspected or confirmed Post-COVID syndrome, sometimes known as ‘Long COVID’. The syndrome usually presents as clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any body system.  NICE defines these patients as people with signs and symptoms that develop during or following an infection consistent with COVID-19 which:   * are not explained by an alternative diagnosis * continue for more than 12 weeks   + If referring after 12 weeks, complete this form & make a standard outpatient referral on eRS   + If considering referral before 12 weeks, investigate as per local and NICE guidance, complete this form and request Advice and Guidance on eRS.   Patients may be referred based on clinical diagnosis alone in the absence of a previous positive SARS-Cov-2 test.  **Please ensure that all patients have undergone the required face-to-face clinical assessment and investigations have been performed, before referring to the service**.  **Once completed, this form should be sent via eRS using the details in Section 10.** | | | | | | | | | | | | | |
| **1. Patient Details** | | | | | | | | | | | | | |
| **Title:** Title | | **First Name:** Given Name | | | | | | | **Surname:** Surname | | | | |
| **NHS Number:** NHS Number | | | | | | **Date of Birth:** Date of Birth | | | | | **Gender:**  Gender | | **Age:** Age |
| **Address:** Home Full Address (single line) | | | | | | | | | | | | | |
| **Telephone: (Home)** Patient Home Telephone **(Mobile)** Patient Mobile Telephone | | | | | | | | | | | | | |
| **Email:** Patient E-mail Address | | | | | | | | | | | | | |
| **Ethnicity:** Ethnic Origin | | | | | | | | | | | | | |
| **2. Referral Details** | | | | | | | | | | | | | |
| **Date of Referral** Short date letter merged | | | **Form Completed By:** Current User  **Referring GP (If form completed on GP's behalf):** Free Text Prompt | | | | | | | | | | |
| **Surgery:** Organisation Name | | | | | | | | | | | | | |
| **Address:** Organisation Full Address (single line) | | | | | | | | | | | | **Telephone:** Organisation Telephone Number | |
| **Email:** Organisation E-mail Address | | | | | | | | | | | | | |
| **3. Carer Details - Please complete if a carer should be the main point of contact** | | | | | | | | | | | | | |
| Patient Carers | | | | | | | | | | | | | |
| **Title:** | | | | **First Name:** | | | | **Surname:** | | | | | |
| **Address (if different to patient):** | | | | | | | | | | | | | |
| **Telephone:** | **(Home)** | |  | **(Mobile)** | | | **Email:** | | | | | | |
| **Relationship to Patient:** | | | | | **Is the carer aware of the referral?** | | | | | **Yes** | | **No** |  |

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| **4. Reason for Referral** |
| Outline, in one or two sentences only, the summary reason/s for referral, indicating the most troublesome types of symptoms e.g. respiratory. You should provide a more detailed history at Section 6. |
| **5. Severity of Acute COVID Episode** |
| Indicate the severity of the acute COVID illness.  Please Select |
| **6. History of Presenting Complaint / Relevant Consultation Notes** |
| Provide a detailed history of the presenting complaint.  Consultations |
| **7. Examination** |
| Mandatory fields are highlighted in amber. Please ensure that all of these contain merged data or are completed manually. |
| **8. Required Blood Tests** |
| This section contains merged mandatory blood test results which should be **no more than 4 weeks old**. Please review the list below and ensure that any missing tests are performed whilst the patient awaits an appointment. |

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| **Pulse – Resting (mandatory)** | Single Code Entry: Pulse rate |
| **BP – Sitting (mandatory)** | Single Code Entry: O/E - blood pressure reading |
| **Standing BP (Optional - for patients with fatigue/dizziness)** | Single Code Entry: Standing systolic blood pressure |
| **Oxygen Saturation – resting (mandatory)** | Single Code Entry: Peripheral oxygen saturation |
| **Oxygen Saturation – exertional (Optional - after 1 minute sit to stand or 40 step test)** | Single Code Entry: Peripheral blood oxygen saturation on room air on exertion |

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| **Serum Haemoglobin** | Single Code Entry:  Haemoglobin estimation | Single Code Entry: Haemoglobin estimation |
| **Mean Corpuscular Volume (MCV)** | Single Code Entry:  MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume |
| **WCC** | Single Code Entry:  Total white cell count | Single Code Entry: Total white cell count |
| **Lymphocytes** | Single Code Entry:  Lymphocyte count | Single Code Entry: Lymphocyte count |
| **Neutrophils** | Single Code Entry:  Neutrophil count | Single Code Entry: Neutrophil count |
| **Serum Creatinine** | Single Code Entry:  Serum creatinine level | Single Code Entry: Serum creatinine level |
| **Glomerular Filtration Rate (non- Afro-American)** | Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study  Group calculation | Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation |
| **Glomerular Filtration Rate (Afro- American)** | Single Code Entry: GFR (glomerular filtration rate) calculated by  abbreviated | Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation adjusted for African American origin |

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| **9. Mandatory Chest X-Ray** |
| This section merges the latest chest x-ray report. Chest x-ray **in the last 4 weeks** is a mandatory requirement for referral. If the patient has undergone a chest x-ray which was not requested by the GP and/or has not merged below please indicate this by ticking the applicable boxes.  Single Code Entry: Standard chest X-ray  **Chest x-ray performed at the trust to which the patient is being referred. Chest x-ray performed elsewhere – report attached.** |
| **10. eRS Clinic Type** |
| Indicate if you are referring for a standard outpatient appointment or requesting advice and guidance.  **Standard Outpatient Appointment (must be at least 12 weeks post-acute illness)**  **Advice and Guidance**  Select one of the following clinics based on the **most predominant symptoms**. |

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|  | Modification of Diet in Renal Disease Study Group calculation adjusted for African  American origin |  |
| **Serum Sodium** | Single Code Entry:  Serum sodium level | Single Code Entry: Serum sodium level |
| **Serum Potassium** | Single Code Entry:  Serum potassium level | Single Code Entry: Serum potassium level |
| **ALT** | Single Code Entry: Serum alanine  aminotransferase level | Single Code Entry: Serum alanine aminotransferase level |
| **ALP** | Single Code Entry: Serum alkaline  phosphatase level | Single Code Entry: Serum alkaline phosphatase level |
| **Bilirubin** | Single Code Entry:  Serum total bilirubin level | Single Code Entry: Serum total bilirubin level |
| **CRP** | Single Code Entry: Serum CRP (C reactive  protein) level | Single Code Entry: Serum CRP (C reactive protein) level |
| **HbA1c (DCCT aligned)** | Single Code Entry: HbA1c level (Diabetes Control and Complications Trial  aligned) | Single Code Entry: HbA1c level (Diabetes Control and Complications Trial aligned) |
| **HbA1c (IFCC)** | Single Code Entry: HbA1c level (Diabetes Control and Complications Trial  aligned) | Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised |
| **BNP** | Single Code Entry:  Serum pro-BNP peptide level | Single Code Entry: Serum pro-BNP peptide level... |
| **Corrected Serum Calcium Level** | Single Code Entry: Corrected serum  calcium level | Single Code Entry: Corrected serum calcium level |
| **Albumin** | Single Code Entry:  Serum albumin level | Single Code Entry: Serum albumin level |

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| **Clinic Location** | **Predominant Symptomology** | **eRS Details** | |
| **Princess Royal University Hospital** | **Neurology**  **(Available soon)** | **Specialty** |  |
| **Clinic Type** |  |
| **Service Name** |  |

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|  | **Respiratory** | **Specialty** | Respiratory |
| **Clinic Type** | Not Otherwise Specified |
| **Service Name** | Post Covid Respiratory Assessment Service @ PRUH for King's College Hospital - RJZ30 |
| **King’s College Hospital, Denmark Hill** | **Neurological / Neuropsychological** | **Specialty** | Neurology |
| **Clinic Type** | Not Otherwise Specified |
| **Service Name** | Post COVID Neurology/Neuropsychiatry Assessment Clinics @ DH for King’s College Hospital - RJZ |
| **Respiratory** | **Specialty** | Respiratory |
| **Clinic Type** | Not Otherwise Specified |
| **Service Name** | Post COVID Respiratory Assessment @ TJHC for King’s College Hospital - RJZ |
| **Guy’s and St Thomas’ Hospital** | **All symptoms** | **Specialty** | Respiratory |
| **Clinic Type** | Not Otherwise Specified |
| **Service Name** | Post COVID MDT Assessment Clinic - St Thomas' Site - Respiratory Medicine - Guy's & St Thomas' - RJ1 |

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| **11. Further Information**  **Please type/paste/merge further information below** |

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| **Merged Data - Any merged information which is irrelevant to the referral should be removed.** |

COVID Specific Data: Excluded 2019-nCoV (novel coronavirus) infection... Problems

Medication Allergies

**Smoking Status:** Single Code Entry: Tobacco smoking behaviour - finding

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| **Recently Recorded Optional Investigations** | | |
| **Serum Vitamin B12** | Single Code Entry: Serum vitamin B12 level | Single Code Entry: Serum vitamin B12 level |
| **Serum Ferritin** | Single Code Entry: Serum ferritin level | Single Code Entry: Serum ferritin level |
| **Serum Folate** | Single Code Entry: Serum folate level | Single Code Entry: Serum folate level |
| **Vitamin D** | Single Code Entry: Serum vitamin D level | Single Code Entry: Serum vitamin D level |
| **Creatinine Kinase** | Single Code Entry: Serum creatine kinase level | Single Code Entry: Serum creatine kinase level |
| **ESR** | Single Code Entry: Erythrocyte sedimentation rate | Single Code Entry: Erythrocyte sedimentation rate |
| **Serum TSH** | Single Code Entry: Serum TSH (thyroid stimulating hormone) level | Single Code Entry: Serum TSH (thyroid stimulating hormone) level |
| **Serum Free T4** | Single Code Entry: Serum free T4 level | Single Code Entry: Serum free T4 level |
| **Random Blood Glucose** | Single Code Entry: Plasma random glucose level | Single Code Entry: Plasma random glucose level |
| **Fasting Blood Glucose** | Single Code Entry: Plasma fasting glucose level | Single Code Entry: Plasma fasting glucose level |

**Caution:** Recipient please note that the information provided is limited to data recorded on the GP patient record and may not include the results of tests performed by other care providers or data which has not been coded.

**Post-COVID Syndrome Assessment Clinic (SEL) Referral Form 1-01 260421**

Document created by the Referrals Optimisation Team, One Bromley. Feedback or enquiries about this form should be directed to: [broccg.emisrp@nhs.net.](mailto:broccg.emisrp@nhs.net) For service related enquiries, please contact the relevant service provider.