**Referral form for BSW (Bath and North East, Swindon and Wiltshire Health and Care) Personalised Care Pathway for Long Covid**

Please signpost patients to [www.yourcovidrecovery.nhs.uk](http://www.yourcovidrecovery.nhs.uk) for self-help advice. All the management advice can be printed from the embedded PDFs. Many people will experience symptoms lasting up to 12 weeks, these usually resolve slowly and often with a relapse/remission pattern.

If the person requires more individualised assessment and treatment, please fully complete this form to ensure we can triage appropriately.

Please email form to: Bswccg.postcovidpathway@nhs.net

The person can only be accepted for the Long Covid rehab assessment

1. If they live and/or is registered to a GP surgery within the BSW locality
2. The person started presenting with Covid symptoms over 12 weeks ago
3. There is a high level of clinical confidence or positive test supporting the initial diagnosis is that of Covid-19
4. The person has received a full medical work up to exclude any pathology such as cardiomyopathy, lung fibrosis, POTTs, etc This includes
	1. A full blood count taken within 8 weeks of referral is included
	2. A chest xray result within 12 weeks of referral is included, if dyspnoea persists over 12 weeks.
5. The person is aged 16 years or over (If under 16 years please refer to the young person’s post covid hub either; Bristol ubh-tr.swpaedlongcovidhub@nhs.net or Southampton SNHS.Solentchildrenstherapyservice@nhs.net regional hub, whichever is geographically closest to your practice, please also refer to your usual Paediatrician).
6. The person’s Long Covid symptoms are having a significant impact on their function and quality of life.

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| **Referrer Details** |
| **Referrer Name**  |  | **Telephone No.** |  |
| **Profession** |  | **Email Address** |  |
| **GP Surgery** |  | **Date of Referral** |  |
| **GP Name** |  | **Time of Referral** |  |

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| **Patient Details** |
| **Forename** |  | **Gender**  |  |
| **Surname** |  | **Date of Birth** |  |
| **Address** |  |
| **Email address** |  |
| **Mobile No.** |  | **Need Translator****(state language)** |  |
| **Home No.** |  | **NHS No.** |  |

**Primary care**

**A positive Covid-19 anti-body test is not required to refer to this pathway, but there needs to be a high level of clinical confidence that the initial diagnosis is that of Covid-19**

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| **Date of Covid infection** |  |
| **Covid Confirmed with test?** | [ ] Yes | [ ] No |
| **Hospitalised** | [ ] Yes | [ ] No |
| **ICU admission** | [ ] Yes | [ ] No |
| **Work/Education status** | [ ] not working due to long covid | [ ] imminent return to work planned |
| [ ] phased return or altered hours/role | [ ] working usual hours |
| **Registered carer** | [ ] Yes | [ ] No |
| **Single parent**  | [ ] Yes | [ ] No |
| **Person consents and agrees to referral into long covid pathway** Please signpost patients to [www.yourcovidrecovery.nhs.uk](http://www.yourcovidrecovery.nhs.uk) for self-help advice as part of referral requirement | [x] Yes | [ ] No |

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| **Reason for Referral** **Please note the referral will be rejected without the following information.*** **Date of covid infection**
* **List of long covid symptoms**
* **Impact of long covid symptoms on function and patient expectations**
* **Details of investigation, treatments offered or onward referral**
* **Other relevant past medical history**
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| **Blood results to exclude other causes of symptoms, we suggest FBC, TFT, UE, LFT, CRP, B12 full blood count, , Thyroid Function test, Urea and Electrolytes, Liver function test, Creatinine reactive Protein** [ ] **Attached**[ ] **Can be viewed on SystemOne** |

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| **Chest X-Ray (required if breathlessness persists longer than 12 weeks from infection)**[ ] **Attached**[ ] **Can be viewed on SystemOne** |

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| **ECG (required if tachycardia or palpitations persists longer than 12 weeks from infection)**[ ] **Attached**[ ] **Can be viewed on SystemOne** |

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| **Relevant medical history** |
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| **Current medication**  |
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