

WYTHENSHAWE HOSPITAL SEVERE ASTHMA REFERRAL FORM

PATIENT DETAILS

Name	
Date of Birth	
NHS Number	
Address	

REFERRAL DETAILS

Referring Clinician	
Referring Hospital	
Reason for Referral	

INVESTIGATIONS

FENO

	Value	Date
Most Recent FENO		
Highest FENO		

LUNG FUNCTION TESTS

	Value	Additional Info
Date of Test		
FEV1		
FEV1 % Predicted		
FVC		
FVC % Predicted		
FEV1/FVC Ratio		
Reversibility (%)		
TLC		
TLC % Predicted		
TLCO % Predicted		
KCO % Predicted		
FEF 25-75 as % Predicted		
Post Bronchodilator FEV1		
RV % Predicted		
Recent Peak Flow Range (l/min and % predicted)		
Best Recent FEV1		
Worst Recent FEV1		

BRONCHIAL PROVOCATION TEST AND IMAGING

Mannitol Challenge	Date	
Methacholine/ Histamine	Date	
HRCT Thorax	<p>YES/NO</p> <p>If YES, please give details below</p> <p>Date</p> <p>Summary of findings:</p>	

ASTHMA MEDICATION USAGE (LAST 12 MONTHS)

Number of preventer inhalers prescribed	
Number of reliever (salbutamol, terbutaline) prescribed	
Number of steroid courses	
Maintenance steroid dose (mg)	
Number of antibiotic courses	
Number of admissions to hospital	
Has this patient ever been ventilated on ITU for asthma?	<p>Yes/No</p> <p>If Yes – indicate the Hospital</p>
Highest eosinophil count on record	
Highest eosinophil count in last 12 months	

Allergy screen	Yes/No If Yes, please provide following details: Total List specific positive IgE
Steroid sparing therapy in the past	Yes/No If Yes, please give details below
Prior biological therapy -for asthma	Yes/No If Yes, please give details below

ADDITIONAL INVESTIGATIONS

Height	
Weight	
Smoking Status (please circle)	Lifelong non-smoker Ex smoker If ex-smoker, number of pack years - Current smoker If current smoker, number of pack years -
Any positive sputum cultures in last 12 months	Yes/No If Yes, please give details below
DEXA Scan	Yes/No If Yes, please give details below Date: T score L1-L4: Femoral neck: