County Durham and Darlington NHS
NHS Foundation Trust

Long Covid Assessment Service Referral Form

Please send completed form to: cddft.long-covidteam@nhs.net

Date of GP decision to refer: No. of pages sent: Sender's Email:

This referral is also available as a systm1 or EMIS template
(we would be happy to accept a completed template in place of this form)

Patient is aware of possible diagnosis of Long Covid ☐

Patient is more than 12weeks post-initial COVID infection ☐ (mandatory requirement for referral to this service)

Patient's preferred method of communication: Home number ☐ Mobile ☐ Email ☐

PATIENT DETAILS – Must provide current telephone number & EMAIL

Last name:		First name:	
Gender:		DOB:	
Ethnicity:		Age:	
NHS No:			
Address:			
Tele (Day):		Tele (Evening):	
Mobile No:		Patient happy for a message to be left	☐ Yes ☐ No
Email:			

GP DETAILS

GP name:	
Practice Code:	
Address:	
Telephone:	
Practice email:	

WHO PERFORMANCE STATUS (pre-Covid)		select one
0	Fully active, able to carry on all pre-disease performance without restriction	☐
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work.	☐
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active more than 50% of waking hours.	☐
3	Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.	☐
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.	☐

ADDITIONAL CONSIDERATIONS

Please tick if the answer is yes to any of the questions below and give further information

Language/Hearing difficulties?	☐	
Learning difficulties?	☐	
Mental capacity assessment required?	☐	
Known safeguarding concerns?	☐	
Do you have any objection to your patient being contacted for research purposes?	☐	

BACKGROUND INFORMATION/RISK FACTORS			
BMI		Smoking status	
Alcohol		Other please specify	
Relevant family history			

MAIN REASON FOR REFERRAL	
1. Persistent SOB	☐
2. Malaise / fatigue	☐
3. Chest pain	☐
4. Psychological health	☐
5. Other (please specify)	

CLINICAL HISTORY		
date of onset of covid symptoms:		
Date of positive COVID swab:		
Previous treatment:	☐ Managed in the community ☐ Hospital treatment ☐ ward based. ☐ CPAP. ☐ ITU / ventilated	
	☐ Cough ☐ SOB ☐ Fatigue ☐ Palpitations ☐ chest pain ☐ myalgia ☐ anosmia ☐ lack taste ☐ insomnia ☐ flashbacks/nightmares ☐ anxiety ☐ depression ☐ weight loss ☐ impaired activities daily living ☐ other (please specify below)	
PHQ2 depression screening scoring	Over the past 2week have you felt little interest or pleasure in doing things?	☐ No, not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
	Over the past 2week have you felt down, depressed or hopeless?	☐ No, not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
GAD2 scoring	Over the past 2week have you felt nervous, anxious or on edge?	☐ No, not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

	Over the past 2week how often have you not been able to stop or control worrying?	☐ No, not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

CLINICAL HISTORY (or attach separate letter)	
Social history	☐ lives alone ☐ lives with partner/spouse ☐ support available
Caring status	☐ is a carer ☐ has a carer. If yes, care package details:
Employment status	☐ employed ☐ unemployed ☐ on sick leave from work

EXAMINATION FINDINGS (essential before referral)	
Weight	
Height	
BMI	
BP	
Pulse	
Oxygen saturations	
Respiratory rate	
Chest examination	
Cardiovascular examination	

Clinical triage is a crucial element of assessment so please give as comprehensive history and examination findings as possible, and ensure ALL pre-referral tests are requested, or referrals may be returned.

ESSENTIAL FILTER TESTS AND INVESTIGATIONS

It is **mandatory** to do all the following investigations tests before referral; please tick the box to confirm they have been done.

☐ FBC, ferritin, b12, folate, ESR, CRP, U&E, TFT, HbA1c, LFT, bone profile, vitamin D

☐ CXR

Plus, also consider additional investigations for breathless patients: (please tick to indicate if done)

☐ BNP
☐ d-dimer
☐ ECG

PATIENT MEDICAL HISTORY		
Active Medical Problems:		
Past Medical History summary:		
Medication: (Acutes)		
Medication: (repeats)		
Allergies:		
Anticoagulants/Antiplatelets	☐	Details:
Immunosuppressants	☐	Details:
Diabetic	☐	Details: ,

INVESTIGATION RESULTS

Blood Results (Last 12weeks):

Test	Date	Results
FBC		
Ferritin		
B12		
folate		
U&E		
LFT		
Hba1c		
TFTs		
Bone		
ESR		
CRP		
Vitamin D		
Lipids		
INR		
BNP		
d-dimer		
Radiology results (last 12weeks):		
CXR (must be done before referral)		

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For any queries, please contact the long-covid team at the above email address and we will be happy to help.