Uncontrolled Asthma Referral Form

This non-promotional medical resource is funded by AstraZeneca and co-developed with Oberoi Consulting.
UK HCPs should exercise professional judgment when using this resource.

This referral form remains entirely confidential. No information whatsoever is shared with AstraZeneca.

Please note only coded data will be pulled through, please add any missing information via free text

Reason for Referral (Please add relevant free text)	
Referring Organisation	

Date	
Patient Name	
DOB	
NHS No	
Telephone Number (Mobile)	
Telephone Number (Home)	
Address	
Email address	
Ethnic Group	
Main Spoken Language	

Diagnosis

Description in Patient Record	Date of Entry
Asthma Diagnosis	
Last Asthma Review	
COPD	
Eczema	
Hay Fever	
Chronic Rhinosinusitis	
Nasal Polyps	
Gastro-oesophageal reflux disease (GORD)	
Allergies	
Severe Asthma	
Anxiety/Depression	

Other Diagnosis

Description in Patient Record	Date of Entry
Diabetes	
CHD	
Heart Failure	
Hypertension	
Atrial Fibrillation	
Stroke/TIA	
PAD	
CKD	
Obesity	

Exacerbations/Symptom Control

Hospital Admission for Asthma	
Number of Asthma Exacerbations (last 12m)	
Inhaler (s) technique checked	

Current Acute & Repeat Medication

Medication

Enter information below from Clinical System findings (over the past 12 months)

We need to understand not only the patient's current prescription, but how these medicines have been used. This is particularly important for systemic and inhaled corticosteroids. For the last year, please complete the table below:

Number of SABA inhaler*				
Number of ICS inhaler*				
Number of ICS/LABA inhaler*				
Number of Systemic Corticosteroid				
Maintenance oral steroid (mOCS)?	Y		N	
mOCS dose				
mOCS duration (approx.)				

*SABA – Short Acting Beta Agonist; ICS – Inhaled Corticosteroid; ICS/LABA – Inhaled Corticosteroid/Long Acting Beta Agonist

Patient Biometrics

Smoking Status	
Pack Year History	
Electronic Cigarettes/Vaping	
O/E Height	
O/E Weight	
BMI	
Chest X-Ray	

Lung Function Tests

	Last 3		
Fractionated exhaled Nitric Oxide (FeNO)			
Forced Expiratory Volume FEV$_1$ (L)			
Percent Predicted FEV1 (%)			
Forced Vital Capacity, FVC (L)			
Percentage of predicted forced vital capacity (%)			
FEV1/FVC			
Peak Expiratory Flow Rate PEFR (L/min)			
Best Peak Expiratory Flow Rate (L/min)			

Blood Tests

	Last 3		
Eosinophils % Count			
Eosinophils Count			
Last Other Eosinophils Entry			
Enter the highest recorded eosinophil count			

Vaccinations

Immunisations	