

Patients details:



Inter-hospital transfer proforma for a bronchoscopy at Royal Brompton Hospital respiratory medicine department

Please complete in full and fax to 0207 351 8003 (also see useful information and contact numbers on page 4)

Surname:	Address:				
First name:					
Date of birth					
24.6 6.2					
Sex:	Home number: Mobile number:				
GP Details:	Mobile Hamber.				
NHS Private	patient OVV (E112)				
	Private patient OVV (E112) (indicate funding status if PP)				
Patient's medical history & indication for re	eferral:				
,					
URGENCY OF REFERRAL (CIRCLE): ROL	JTINE (next available) URGENT				
Current medication:					
Current medication.					
If patient is on Asprin/Warfarin/Clopidogrel/Heparin/Any NOAC's (provide details & dosage incl. date stopped if applicable					





Medical/Nursing details:							
Infection con	trol status (cir	cle as appropr	iate):				
MRSA	CDiff	Flu L	Jnconfirm	ned/Confirmed TB	Neutropenia		
Communicable	Communicable Viral Infection (e.g. parainfluenzae) Other (please specify):						
Please include a copy of the latest results for any/all of the above							
Patient's weig	ght:	kgs					
Allergies:							
Mobility:							
Walk	Chair			Stretcher	Bariatric		
Hoist required	:	Yes		No			
Oxygen requi	red:						
Yes	No						
Litres/min:	res/min: Continuous/Intermittent						
On NIV:		Yes	No				
Diabetes:							
Yes	Type 1	Type 2		No			
IV access:							
PICC Line		Venflon		F	Portacath		
Blood results	<u>:</u>						
Hb:		Platelets		FBC:			
LFTs		INR (if on Warfarin):					
Discharge plan from RBH – (please select appropriate option):							
Patient to be transferred back to referring hospital:							
Patient to be discharged home: YES					YES		
If discharged to home, has the patient been discharged from referring hospital? YES					? YES		
Patient to be transferred to other ward at RBH after procedure: YES (If so which ward):							





Type of procedure required (circle as appropriate):						
Fibreoptic Bronchoscopy (FOB	s)		EBUS			
FOB + EBUS			Bronchial Thermoplasty			
FOB + Cryotherapy			iLogic Procedure			
Biopsies Required? Y	'ES	NO				
Additional requirements (Translator/sign language/any special dietary requirements):						
Referrer's Information: Referring Consultant:						
Referring Hospital:						
Ward:	Tel:		Fax:			
Name of Referring Doctor:						
Contact Number/Bleep for Referring Doctor:						
Date of Referral:						
RBH office use only						
Date Accepted:						
Accepting Consultant:						
Admitting Ward at RBH:						
Date of Procedure:						
Date of Admission to RBH (if d	ifferent from proced	lure date	e):			





Additional information

- Once the referral has been accepted by one of our consultants, we will contact you to confirm the appointment details and any other instructions needed before the procedure, such as fasting.
- If the patient needs hospital transport, it is important that you arrange transport for the patient to Royal Brompton. (If the appointment is for same-day treatment and return, please also arrange transport to take the patient back to the referring hospital after the procedure.)
- If you need to arrange an urgent referral (next working day), please send the completed form to us by 3.30pm Monday-Friday. This will help ensure we have the equipment ready, the appointment booked, and the patient seen in a timely fashion. If you send the form after 3.30pm, we can only accept next day appointments, in exceptional circumstances. Please note: We are closed on Saturdays and Sundays.
- Any incomplete forms may delay the transfer of the patient, so please ensure you complete this form in full

Useful contact numbers

0207 351 8906 (bookings/queries/cancellations)
Mon-Fri 8am-5pm

0207 352 8121 Ext. 4825 (Lind ward bronchoscopy suite)

0207 351 8909 (Lind ward day unit) Mon-Fri 8am-6pm

0207 352 8121 Ext. 4337 (Lind ward minimal dependency unit - MDU)

Mon-Thu 24hrs, Fridays until 6pm

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