ICPCD Specialist Team
Westfield Integrated Care Centre
Ballincollig
P31 EW64
Tel: 021 6040200

1 | P a g e

REFERRAL FORM to Westfield Chronic Disease Hub

Name: **Date:**

Address: **Consultant:**

DOB: **MRN:**

All referrals to Westfield Chronic Disease hub must be discussed in advance with Westfield Point of Contact on 087 3327390

Once approved, please complete the following and send to Corksouthcity.cdm@hse.ie

Patients will be seen within the week of referral on Tuesday or Thursday

Please ensure you include the patients details above, including contact number, and the referrers contact number below.

Please tick to confirm definite diagnosis of COPD or Asthma ☐

Presenting complaint:

Reason for follow up in Chronic Disease hub

Diagnosis:

Imaging (CT/CXR)

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2 | P a g e

Please circle as appropriate

Bloods completed   YES   / NO

ABG completed   YES   / NO

Home Nebuliser   YES   / NO

Home non-invasive ventilation YES   / NO

WE ACCEPT PATIENTS ON CPAP ONLY. NOT BIPAP

Home oxygen YES   / NO
WE ACCEPT IF PATIENT IS STABLE AND NO CHANGE IN DOSE REQUIRED AND HAVE ABG WITH NORMAL PH AND Pco2.

Smoker   YES   / NO

Patients is Covid and Flu negative YES   / NO

Medications including discharge medications

Other Relevant Information: (eg: other investigations, relevant medical history)

Inclusion criteria:

- Has diagnosis of COPD/Asthma
- Systolic BP > 100mmHg.
- Saturations ≥ 90%
- Respiratory Rate < 24 bpm
- Total WCC between 4-20 *10/1
- Serum Glucose < 15 mmol/L
- Chest x-ray with no acute findings.
- ECG with no acute findings
- Independent living/adequate social support.
- Patients on LTOT must have stable O2 requirements and an ABG showing normal pH and pCO2

Exclusion criteria:

- Active oncology treatment/ suspicion of cancer
- Decompensated heart failure.
- Flu or Covid 19 Positive

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3 | P a g e

I have discussed this patient with the Westfield Point of Contact ☐

I have informed this patient that they will be contacted by Westfield staff ☐

Referring Doctors Name   Contact Tel:

Referring Doctors Signature: Date: