****

**Latent Tuberculosis Infection (LTBI) Referral**

**Please Email or Fax completed referral form to chosen clinic below:**

|  |  |
| --- | --- |
| **CHOSEN HOSPITAL:** Latent Tuberculosis TB Infection (LTBI) | |
|  | **Ealing Hospital**, Level 2 Chest Clinic, Uxbridge Road, Southall UB1 3HW  Tel: 020 8967 5382 / 020 8967 5282 Fax: **020 8967 5439** Email:[**lnwh-tr.GPLatentReferrals@nhs.net**](mailto:lnwh-tr.GPLatentReferrals@nhs.net) |
|  | **Hillingdon Hospital,** Pield Health Road, Uxbridge, Middlesex UB8 3NN  Tel: 01895 279396 Fax: **01895 279815** Email: **Awaiting NHSmail address** |
|  | **Northwick Park Hospital**, Watford Rd, Harrow, Middlesex HA1 3UJ  Tel: 020 8869 3084 / 07917 107742 Fax: **020 8869 3479** Email: [**LNWH-tr.LTBIScreeningReferrals@nhs.net**](mailto:LNWH-tr.LTBIScreeningReferrals@nhs.net) |
|  | **St Mary’s Hospital,** Praed St, London W2 1NY  Tel: 020 3312 6025Fax: **020 3312 6969** Email:[**imperial.tb.service@nhs.net**](mailto:imperial.tb.service@nhs.net) |
|  | **West Middlesex Hospital,** Twickenham Road, Isleworth TW7 6AF  Tel: 020 8321 5831 / 020 8321 5893 Fax: **020 8321 6314** Email: [**caw-tr.wm-tbteam@nhs.net**](mailto:caw-tr.wm-tbteam@nhs.net) |

|  |  |
| --- | --- |
| **Referral Details** | |
| **Date of Referral** |  |
| **Priority** | Routine only -**For Urgent active TB cases, please consider referral/discussion with Respiratory or TB services** |
| **Has patient previously visited this hospital?** | No  Yes - Hospital number: |
| **Appt dates to avoid** | i.e. any dates to avoid as patient may be away/unavailable: |
| **Safeguarding Issues** | No  Yes - Details: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient** | | **Referrer** | |
| **Name** |  | **Name** |  |
| **NHS No** |  | **GMC** |  |
| **DOB** |  | **Organisation** |  |
| **Address** |  | **Address** |  |
| **Home Telephone** |  | **Organisation code (if applicable)** |  |
| **Mobile / Alternative** |  | **Telephone** |  |
| **Email** |  | **Fax** |  |
| **Gender** |  | **Email (NHS)** |  |
| **Ethnicity** |  | **GP Details** | ONLY to complete if referrer above NOT GP - e.g. GP Practice Name & Address |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Interpreter required?** | No Yes - | **Main Spoken Language** | language not specified |
| **Disabilities** | **Physical/Communication impairments, especially if requires assistance with arranging appointments?** | | No Yes – Details: | |
| **Transport** | **Patient housebound?** | No Yes | | |
| **Transport required?** | No Yes - Provider to arrange Yes - Referrer to arrange | | |
| **Carer Details** | **(include Parents if patient is a child)**  No Carer Recorded | | | |

|  |
| --- |
| **Clinical Information/History** |

**Presenting Issue:**

Cough – Please provide details of any Sputum Culture result (if done):

Night sweats  Fever  Weight loss

**IMPORTANT** – Referral cannot be processed without detail below about LBTI +ve IGRA

|  |  |
| --- | --- |
| **LBTI +ve IGRA** |  |

|  |  |
| --- | --- |
| **Countries visited > than 6 months in the last 5 years** |  |

|  |  |
| --- | --- |
| **BCG date (if known)** |  |

**BP (latest):**

**BMI (latest):**  **Weight (latest):** **Height (latest):**

**Smoking Status:**  **Alcohol:**

**Medical History -** include **only relevant** information and delete anything irrelevant:

**Summary**

|  |
| --- |
| **Medication & Allergies** |

**Acute Medication in the last 1 month**

**Repeat Medication**

**Allergies & Sensitivities**

|  |
| --- |
| **Immunisations** |

|  |  |
| --- | --- |
| **Date** | **Vaccination name** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Pathology & Radiology Results (most recent recorded results – if available)** |

|  |  |  |
| --- | --- | --- |
| **Infectious Diseases** |  | |
| HIV screening test: | |  |
| Hepatitis B surface antigen: | |  |
| Hepatitis C antibody: | |  |
| Syphilis infectious titre test: | |  |

|  |  |
| --- | --- |
| **Inflammatory Markers** | |
| Erythrocyte sedimentation rate (ESR): |  |
| Serum C reactive protein level (CRP): |  |

|  |  |
| --- | --- |
| **Full Blood Count** | |
| Haemoglobin concentration: |  |
| Total White Blood Count: |  |
| Mean Cell Volume: |  |
| Haematocrit: |  |
| Red Blood Cell count: |  |
| Red Blood Cell Distribution Width: |  |
| Mean Cell Haemoglobin Level: |  |
| Mean Cell Haemoglobin Concentration: |  |
| Platelet count: |  |
| Lymphocyte count: |  |
| Basophil count: |  |
| Eosinophil count: |  |
| Monocyte count: |  |
| Neutrophil count: |  |

|  |  |
| --- | --- |
| **Electrolytes** | |
| GFR calculated abbreviated MDRD: |  |
| Serum Urea level: |  |
| Serum Creatinine level: |  |
| Serum Sodium level: |  |
| Serum Potassium level: |  |
| Serum Chloride level: |  |

|  |  |
| --- | --- |
| **Urine Albumin Creatinine Ratio:** |  |

|  |  |
| --- | --- |
| **Liver Function Tests & Bone Profile** | |
| Serum alanine aminotransferase level (ALT): |  |
| Serum alkaline phosphatase level (ALP): |  |
| Serum Bilirubin level: |  |
| Gamma-glutamyl transferase level (GGT): |  |
| Aspartate transaminase (AST): |  |
| Serum Albumin level: |  |
| Serum total protein level: |  |
| Serum Globulin level: |  |
| Serum Calcium level: |  |
| Serum Adjusted Calcium concentration: |  |
| Serum inorganic phosphate level: |  |
| Calcium phosphate level: |  |

|  |  |
| --- | --- |
| **Thyroid Function Tests & Vitamin Levels** | |
| Serum TSH level: |  |
| Serum Free T4 level: |  |
| Serum T3 level: |  |
| Serum Ferritin level: |  |
| Transferrin saturation index: |  |
| Transferrin level: |  |
| Iron level: |  |
| Total Iron Binding Capacity: |  |
| Serum Vitamin B12 level: |  |
| Serum Folate level: |  |
| Serum Vitamin D: |  |

|  |  |  |
| --- | --- | --- |
| **Fasting Glucose & HBA1c** | | |
| Fasting blood glucose level: | |  |
| Haemoglobin A1c Level: | |  |
|  |  | |
| **Lipids** |  | |
| Total Cholesterol/HDL ratio: | |  |
| Serum Cholesterol level: | |  |
| Serum HDL Cholesterol level: | |  |
| Serum Triglyceride level: | |  |
| Serum LDL Cholesterol level: | |  |
| Serum Lipid level: | |  |