



DGSS Adult Community Service Referral Form

Please complete all sections of the referral form and submit to VCL.DGSS-CCC@nhs.net, the Care Coordination Centre telephone number is 0300 247 0400. **Please note incomplete referrals will not be accepted and returned to the referrer.**

DGS and Swale Services		DGS Services ONLY	
Community Nursing Service	☐	Community Neuro Rehab Service	☐
Community Matrons Service	☐	Early Supported Discharge Service (ESD)	☐
Community Phlebotomy Service	☐	Falls Service	☐
Continence Service	☐	Heart Failure Service	☐
Diabetes Service	☐		
Intermediate Care Service (Home Based Therapy)	☐	Swale Services ONLY	
MDT Co-ordination Service	☐	Cardiac Service	☐
Oxygen Service	☐	Long Term Conditions - Community Neuro Rehab Service	☐
Podiatry Service	☐	Pulmonary Rehab Service	☒
Rapid Response Service (same day)	☐	Wound Medicine Centre Service	☐
Respiratory Service	☒		
Speech and Language Therapy Service	☐		
Tissue Viability Service	☐		
Urgent Community 2 Hour Rapid Response and D2A (Admission Avoidance) Service	☐		

NHS Confidential: Personal Data about a patient**D.o.B:**

24-May-1967

NHS Number:**400 067 0514**

Patient Details			
Surname:	Margery	Title:	Miss
Forename:	Katrina	Date of Birth:	24-May-1967
Known as:		Sex:	Female
		Ethnicity:	English - ethnic category 2001 census
Address:	1 Wing House Wing Road Leysdown-On-Sea, Sheerness Kent ME12 4QR	First Language:	
		Home Telephone Number:	
		Mobile:	07484 257634
		NHS Number:	400 067 0514
GP Information			
GP Surgery:		GP Telephone Number:	
GP Name:	OGUNNOWO, Temitope (Dr)	GP Email:	
Next of Kin			
Next of Kin Name:		Relationship to patient:	
Next of Kin Contact Number:		Other Contact details:	

Patient Information	
Has consent been obtained for this referral? Please detail 3 rd party consent if applicable.	YES ☒ NO ☐
Are there any safeguarding concerns that you are aware of?	YES ☐ NO ☒
Does the patient have any communications needs for spoken communication?	YES ☐ NO ☒
Does the patient have any communication needs for written communication?	YES ☐ NO ☒
Has the patient expressed a preferred method of contact?	YES ☒ NO ☐ (if Yes please specify) telephone
Is the patient able to attend a clinic appointment?	YES ☒ NO ☐ (if Yes please specify)
Do we need to contact you regarding access or Key Safe details?	YES ☐ NO ☒
Are there any alerts relating to this patient?	YES ☐ NO ☐

Social Care arrangements:	
Lives alone in own home independently ☐	Long term nursing care ☐
Lives with family / spouse with no formal care ☒	Warden controlled accommodation ☐
Lives in own home with care package in place ☐	Currently inpatient in acute / community bed ☐
Long term residential care ☐	

Referral Information	
Reason for Referral (specific details): following COPD review with nurse, request to refer for pulmonary rehab and community respiratory team for further review - see attached consultation notes for further information.	
Diagnosis: COPD	
Known Allergies:	
Relevant clinical Information: Summary Care Record: attached	
Yes	☒
No	☐
Current Medications: Medication List: attached	
Yes	☒
No	☐
Infection Status (Current and historic), incl. MRSA:	
Pressure Ulcer:	
Yes	☐
No	☐
Please attach copy of the summary care record / list of current medications for the last three months to this referral.	
Please share results of investigations/procedures, scans and any microbiological information or signs of infection where appropriate.	

Referrer Details:	
Referrer Name: OGUNNOWO, Temitope (Dr)	Referrer's Telephone Number: 01795 582880
Referrer Designation: GP	Referrer's Email Address: stgeorges.surgery1@nhs.net
Referrer Organisation: St Georges Medical Centre St Georges Medical Centre 55 St George's Avenue Sheerness Kent ME12 1QU	Date of Referral: 12-Mar-2025

Additional Information Required:

Respiratory Service DGSS - Respiratory Assessment Service			
Spirometry report attached see attached	☐	FVC: No Data	☐
		Recent chest x-ray results 17-Jul-2024 Standard chest X-ray 17-Jul-2024 Standard chest X-ray 21-May-2021 Standard chest X-ray	
FEV ₁ : No Data	☐	FEV ₁ / FVC ratio: No Data	☐
		CT Report (ILD / Pulmonary Fibrosis and Bronchiectasis) No Data	
Pulmonary Rehabilitation Service Swale ONLY			
Spirometry report attached see attached	☐	Respiratory diagnosis	☒

BP, oxygen saturations at rest ☐

07-Mar-2025 96 % Peripheral blood oxygen saturation on room air at rest

15-Mar-2024 99 % Peripheral blood oxygen saturation on room air at rest

07-Sep-2023 97 % Peripheral blood oxygen saturation on room air at rest

Systolic 29-Jul-2024 101 mmHg Systolic arterial pressure

17-Jul-2024 159 mmHg Systolic arterial pressure

07-Sep-2023 120 mmHg Systolic arterial pressure

Diastolic 29-Jul-2024 69 mmHg Diastolic arterial pressure

17-Jul-2024 91 mmHg Diastolic arterial pressure

07-Sep-2023 70 mmHg Diastolic arterial pressure

Any other medical information ☐

Past Medical History

Significant Active Problems

COPD - Chronic obstructive pulmonary disease (clinical evidence - see ltr) 02/03/2023

Osteopenia (of the hip) 19/07/2022

Did not attend - no reason (for respiratory clinic) 04/10/2011

Notes summary on computer 11/11/2005

Asthma 24/04/2003

Significant Past Problems

Chronic obstructive pulmonary disease follow-up 08/04/2024

Acute exacerbation of asthma 05/02/2022

Mixed anxiety and depressive disorder 25/09/2020

Did not attend - no reason (for appt with nurse) 01/07/2010

Diagnostic endoscopic examination of knee joint 31/07/2003

Internal bone fixation NOS (PISIFORM BONE RT HA Other Telephone) 20/10/1998

Deep venous thrombosis (h/o - see ltr 21/7/21) 30/12/1899

Medication

Acute

Showing data for period 01-Dec-2024 to current.

EasyChamber Spacer (TriOn Pharma Ltd) - To Be Used As Directed, 2 device Last Issued: 07/03/2025

Co-codamol 30mg/500mg capsules - One Or Two To Be Taken Four Times A Day When Required Maximum 8 Capsules in 24 Hours. NOT TO BE USED WITH PARACETAMOL, 100 capsule Last Issued: 07/03/2025

Spikevax JN.1 COVID-19 mRNA Vaccine 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc) - 0.5 ml Intramuscular, 0.5 ml Last Issued: 04/10/2024

Pregabalin 50mg capsules - One To Be Taken Three Times A Day as advised by your hospital team, 84 capsule Last Issued: 07/03/2025

Prednisolone 5mg gastro-resistant tablets - Six To Be Taken Each Day STAND BY, 30 tablet Last Issued: 06/01/2025

Doxycycline 100mg capsules - Two To Be Taken On The First Day Then One To Be Taken Each Day STAND BY, 8 capsule Last Issued: 06/01/2025

Omeprazole 20mg gastro-resistant capsules - two tablets(40mg) daily as per hospital advise, 56 capsule Last Issued: 07/03/2025

Carbamazepine 100mg tablets - one tablet twice a day, 56 tablet

Montelukast 10mg tablets - One To Be Taken At Night, 28 tablet Last Issued: 07/03/2025

Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials - One Dose To Be Inhaled two to four Times A Day When Required as advised by the hospital, 20 unit dose Last Issued: 07/03/2025

Repeats

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D.o.B: 24-May-1967

NHS Number:

400 067 0514

Showing data for period 01-Dec-2024 to current.

Betmiga 50mg modified-release tablets (Astellas Pharma Ltd) - One To Be Taken Each Day, 30 tablet Last Issued: 07/03/2025 [Current]

Salbutamol 100micrograms/dose inhaler CFC free - One Or Two Puffs To Be Inhaled Up To Four Times A Day, 1 x 200 dose Last Issued: 07/03/2025 [Current]

Alendronic acid 70mg tablets - One To Be Taken On The Same Day Each Week. take with lots of water and stay upright for at least 30mins afterward, 4 tablet Last Issued: 07/03/2025 [Current]

Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler (Chiesi Ltd) - Two Puffs To Be Inhaled Twice A Day, 1 x 120 dose Last Issued: 07/03/2025 [Current]

Adcal-D3 chewable tablets tutti frutti (Kyowa Kirin International UK NewCo Ltd) - Two Chewable Tablets Per Day, Preferably One Tablet Each Morning And Evening, 56 tablet Last Issued: 07/03/2025 [Current]

Accessible Information Needs (AIS): No Data

HCRG Care Group Referral Form - V4 - September 2023

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