

Community Respiratory Team Referral Form

South & Central Cambridgeshire
Community Respiratory Team
South Cambridgeshire Hall,
Cambourne Business Park
Cambourne,
Cambridge
CB23 6EA

Huntingdon,
Community Respiratory Team
Redshank House
Kingfisher Way
Hinchingsbrooke Business Park
Huntingdon
PE29 6FN

Fenland
Community Respiratory Team
Alan Conway Court
Doddington Hospital
Benwick Road
Doddington
PE15 0UG

Peterborough
Community Respiratory Team
Peterborough Admin Hub
1 Commerce Road
Lynch Wood
Peterborough
PE2 6LR

Tel: 0330 726 0077

Email: cpm-tr.communityrespteam@nhs.net

Patient's Name:

Date of birth: Contact Number:

NHS number:

DIAGNOSIS:

Reason for referral:

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.....
.....

Required information: **Urgent** / **Routine** (delete as appropriate)

If available, please provide latest spirometry:

FEV₁:.....L (.....% pred) FVC:.....L (.....% pred) FEV₁/FVC:.....

Name and contact details of person referring:

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Does patient consent to sharing their medical record with CPFT Community Respiratory Team:

- YES
- NO

Does patient have a RESPECT (DNAR) form in place?

- YES
- NO

Please send the completed referral form to: cpm-tr.communityrespteam@nhs.net

