

Asthma & Respiratory Management BOP Inc



Self – Referral Form

Date:

Full Name:

DOB:

Address:

Email:

NHI No: (If known)

Phone:

GP/Medical Centre:

Do you have?

- *Asthma*
- *COPD*
- *Another condition affecting your lungs, if so please explain*

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Why do you want an appointment?

- *Education about your condition/use of inhalers*
- *Worsening of COPD*
- *Worsening asthma symptoms*
- *Other:*

Are you prescribed inhalers?

YES NO

If yes, what are they?

Have you been admitted to hospital with your asthma/COPD over the last 12 months and if so, how many times?

How many courses of steroids/antibiotics have you had over the last 12 months?

Do you have any medical conditions e.g.: heart condition, recent stroke, uncontrolled blood pressure, eye problems. If so, please list:

Do you have any pending hospital appointments? If so, what for?

Please note we cannot accept self-referrals for the hire of nebulisers or if you do not have a pre-existing diagnosis of a respiratory condition.