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| **CORNWALL COVID ANTIVIRAL MEDICINE REFERRAL FROM****For completion by referring clinician** |
| Patient Name |       |
| DOB |       | Age (must be >18) |       |
| NHS No |       |
| Home Address |       |
| Pt Contact No |       |
| GP Practice |       |
| Today’s Date |       |
| Covid +ve Test Date |       |
| Referred By |       |
| Referrer phone no |       |
| Referrer email  |       |
| Symptom Onset Date |       |
| Qualifying Medical Criteria<https://www.nhs.uk/conditions/covid-19/treatments-for-covid-19/> | Down’s Syndrome [ ]  | Severe Liver disease [ ]  |
| Sickle Cell Disease [ ]  | Primary immune deficiency [ ]  |
| Solid cancer [ ]  | HIV/AIDS [ ]  |
| Haematological malignancy [ ]  | Solid organ transplant recipient [ ]  |
| Renal disease (CKD 4 or 5) [ ]  | Immune-mediated inflammatory disorders (IMID) [ ]  |
| Rare neurological condition [ ]  | Lung disease [ ]  |
| Other – specify below [ ]  |
|  |
| Past Medical History |       |
| **ALL** Current Medications |       |
| Allergies |       |
| Latest EGFR | Value:       | Date:       |
| Latest LFTs | Values:       | Date:       |
| On completion, email to ciosicb.cmdu@nhs.netPatients will be contacted by telephone no later than the next working day**PLEASE NOTE THAT THIS IS A MONDAY – FRIDAY SERVICE ONLY** |

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