**CHILDREN’S Breathe Easy Homes Referral form**



Version 5: April 2024

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| **Clinical Risk & Eligibility Criteria**  | **‘Breathe Easy Homes’ pathway** | **X if meets criteria** |
| **Has asthma / suspected asthma** **/ persistent viral wheeze / bronchiolitis or other respiratory issues** | [ ]  YES [ ]  NO  | If NO, not suitable for BEH |
| **Housing concerns**  | [ ]  NO [ ]  YES (pls briefly describe e.g. mould, dust)  | If NO, not suitable for BEH |
| **Financial threshold****CARE & REPAIR** | Household income of £30,000 or below and savings less than £16,000  **(if unsure, refer anyway – Care & Repair will ask)** |  |
| **Name (child)** |  |
| **Date of birth (eligible until 19th birthday)** |  |
| **Address** |  |
| **Ethnicity** **CARE & REPAIR** | ​​☐​ Not Stated   ​☐​ Asian/Asian British: Bangladeshi   ​☐​ Asian/Asian British: Indian   ​☐​ Asian/Asian British: Other   ​☐​ Asian/Asian British: Pakistani     ​☐​ Black/Black British: Caribbean    ​☐​ Black/Black British: Other    ​☐​ Chinese    ​☐​ Mixed: Other    ​☐​ Mixed: White and Asian               ​☐​ Mixed: White and Black African   ​☐​ Mixed: White and Black Caribbean   ​☐​ White: British    ​☐​ White: Irish    ​☐​ White: Other  |
| **Gender**  | ​​☐​ Male       ​☐​ Female      ​☐​ Non-Binary      ​☐​ Undisclosed   |
| **Name of parent / carer (for contact)** |  |
| **Phone number parent/carer** |  |
| **Email address parent/carer** |  |
| **Registered GP surgery** **NHS Number**  |  |
| **Access information**(eg. English as second language) |  |

Care & Repair are asked to enrol the patient onto the Children’s Breathe Easy Homes project.

**Name of clinician:**

**Role & organisation:**

**Email address:**

**Telephone:**

**IMPORTANT: Has the patient/patient’s carer given consent for you to share their information with Care & Repair for direct contact?:** [ ]  YES [ ]  NO

**Staff signature for verbal consent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND TO: carerepairleeds.homeplus@nhs.net**

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| **Additional patient information for evaluation IF KNOWN** |
| **Housing Tenure**  | [ ]  LCC [ ]  Housing Association [ ]  Private Rented [ ]  Owner-Occupier [ ]  Not known / unsure  |
| **No. of acute admissions for respiratory issues over past 12 months**  |  |
| **Is the child on high dose asthma therapy?** |  |
| **Number of salbutamol prescriptions over past 12 months**  |  |
| **Level of care, e.g. does the child regularly present to GP with respiratory issues/asthama excerbations?** |  |
| **Self-reported number of serious asthma attacks in past 12 months** |  |