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

Graphical user interface, text

Description automatically generated with medium confidence

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** |  |