**Endobronchial ultrasound referral form**

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| **Patient name** |  |
| **Patient date of birth** |  |
| **NHS number** |  |
| **Patient contact telephone number** |  |
| **Inpatient/outpatient (if inpatient – ward name and telephone number please; please note patient will need nurse escort)** |  |
| **WHO performance status / estimate of fitness for procedure** |  |
| **Brief description of case** |  |
| **Differential diagnosis? Is this a staging procedure for cancer?** |  |
| **PT (date done)** |  |
| **APTT (date done)** |  |
| **Platelets (date done)** |  |
| **On clopidogrel/warfarin/LMWH/NOAC? If so, why?** |  |
| **Renal impairment?** |  |
| **IHD?** |  |
| **Valvular disease?** |  |
| **COPD? FEV1 % pred / TLCO? (if known)** |  |
| **Asthma? Brittle?** |  |
| **ILD?** |  |
| **Diabetes? On insulin?** |  |
| **HIV positive? On HAART?** |  |
| **Translator required? If so, which language?** |  |
| **Does the patient require hospital transport?** |  |