



## PRE SCHOOL WHEEZE REFERRAL FORM

### Referral guidelines (please tick all that apply):

Please note these should serve as a guide and we are happy to accept referrals for patients who do not fulfill these criteria.

- Admitted to PICU OR HDU because of an episode of severe wheeze *or*
- 2 or more episodes in the last year needing admission, ED attendance or course of OCS *or*
- Persistent symptoms and need for reliever treatment 3 or more days per week (averaged over the past 12 weeks) *or*
- Prescribed high dose ICS ( $\geq 400$ mcg/day of beclomethasone / budesonide or  $\geq 200$ mcg/day of fluticasone)

### Other considerations (please include further details in referral letter)

- Diagnostic uncertainty
- Complex psychosocial issues (including safe guarding)
- Enrolment in a clinical study

### If the following are available please provide further details in the referral letter:

- Basis of diagnosis (documented wheeze by healthcare professional / parentally reported wheeze)
- Current medications
- Exacerbations in past year (number of courses of OCS / ED attendances / hospital admissions / admissions requiring oxygen / admissions requiring iv treatment in the past year / HDU admissions / PICU admissions)
- Assessments (allergy testing, other blood tests)
- Other relevant information