# Referral Form for Community Access to Neutralising Monoclonal Antibodies (nMAB) and Oral Antivirals for Covid-19 Treatment

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| Date of referral: |  |
| Primary Care referral [ ]  Yes  | Secondary Care referral [ ]  Yes  |
| Referrer name:Organisation: Team Contact No: Email:  |
| Usual GP: GP Organisation: Team Contact No: Email: |
| Patient information |
| NHS No |  |
| Surname:  | First Name:  |
| Title:  | Gender:  | D.O.B:  |
| Address: Postcode:  | Tel:  |
| Mobile:  |
| Email:  |
| Ethnicity:  | Language spoken: |
| Interpreter Required: [ ]  Yes [ ]  No |
| Patient (or relevant guardian if patient lacks consent) gives consent for referral? [ ]  Yes [ ]  No |

**If unable to tick Yes or N/A in the ‘Patient Eligibility Criteria’ section – please don’t refer to a CMDU**. The eligibility criteria are defined by NHSE and can be seen [here](https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report-march-2023/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies#recommendation-update).

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| **Patient Eligibility Criteria:**  |
| **Date of Positive Covid-19 LFD Test Result:**       [ ]  N/A **Date of Positive Covid-19 PCR Test Result:**       [ ]  N/A**Within 5 days⃰** of **symptom onset.** [ ]  Yes ***⃰ referrals made on day 5 will still be triaged and actioned by CMDUs, even if these are seen after day 5 (e.g., referred on Friday evening and triaged on Monday)*** |
| **The patient is symptomatic and not showing signs of improvement** [ ]  Yes  |
| **Patient NOT requiring hospitalisation or oxygen for COVID-19** [ ]  Yes  |
| **Patient 12 years old or older** [ ]  Yes |
| **Patient weighs more than 40kg** [ ]  Yes |
| **I confirm that the medication list (below or attached) has been checked with the patient****and is a complete list** [ ]  Yes |
| **Complete list of current medication (or attached summary with checked medication list):**      **CV-19 vaccination status:**       |
| **The patient is in a ‘High Risk’ group**  The below eligibility criteria are **accurate on 19.6.2023**. An up to date list of those eligible for these treatments can be found [here](https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report-march-2023/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies#recommendation-update) – under ‘Recommendations update: Box 1 and Box 2’.**Please complete Section 1 or 2 depending on the age of the patient.**  |
| **Section 1****‘High Risk’ Adults:**  |
| * **Down’s syndrome or other chromosomal disorders known to affect immune competence** [ ]  Yes

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| * **Solid cancer** [ ]  Yes

Choose an item. |
| * **Haematological diseases and recipients of haematological stem cell transplant (HSCT)** [ ]  Yes

Choose an item. |
| * **Renal disease** [ ]  Yes

Choose an item. |
| * **Liver diseases** [ ]  Yes

Choose an item. |
| * **Solid organ transplant recipients** [ ]  Yes
 |
| * **Immune-mediated inflammatory disorders (IMID)** [ ]  Yes

Choose an item. |
| * **Respiratory** [ ]  Yes

Choose an item. |
| * **Immune deficiencies** [ ]  Yes

Choose an item. |
| * **HIV/AIDS** [ ]  Yes

Choose an item. |
| * **Neurological disorders** [ ]  Yes

Choose an item. |
| NB: Please ensure that your patients are aware that not all patients within “high risk” groups will need treatment e.g., neurological conditions, if mild and not on immunosuppressive treatment. However, all referrals will be triaged, and patients contacted by the CMDU accordingly.  |
| **Section 2****High Risk Children (older than 12 and younger than 18 years, greater than 40KG weight, and clinical concern):**  |
| * **Children and young people (CYP) at substantial risk** [ ]  Yes

Choose an item. |
| * **CYP at significant risk if 2 or more of these risk factors are present:**

**Primary immunodeficiency** [ ]  YesChoose an item.**Secondary immunodeficiency** [ ]  YesChoose an item.**Immunosuppressive treatment** [ ]  YesChoose an item.**Other conditions** [ ]  YesChoose an item. |