**Post COVID-19   
Long covid MDT clinic Referral form   
Leeds hub**

Access to the MDT clinic is for patients believed to have post COVID syndrome and who require further clinical assessment and/or investigations following initial investigations by the GP and local Paediatrician. Patient access to this pathway should be irrespective of previous positive SARS-Cov-2 serology.

**Referrals should be sent to lthtreferrals@nhs.net**

|  |  |
| --- | --- |
| **Patient Information** | |
| **Patient Details** | |
| **First name** |  |
| **Surname** |  |
| **D.O.B** |  |
| **NHS number** |  |
| **Gender/Transgender identifier** |  |
| **Patient Address (postcode)** |  |
| **Ethnicity** |  |
| **Preferred choice of communication** |  |
| **School (including Home Schooled)** |  |
| **Next of Kin Name and Contact Details** |  |
| **Does the individual use alternative or augmented communication? Is an interpreter required?:** |  |
| **Additional Supporting Information** | |
| **Referring paediatrician and hospital** |  |
| **Height** |  |
| **Weight** |  |
| **Other professionals involved in the care of the patient:** |  |
| **Psychosocial concerns:** |  |
| **Safeguarding concerns:** |  |
| **Co-morbidities** | |
| **Allergies** |  |
| **Current Medication** |  |
| **Physical and Mental co-morbidities:** |  |
| **Neurodevelopmental condition(s):** |  |
| **Pre-existing mental health condition(s)** |  |

**Inclusion Criteria**

The referral template contains the inclusion and exclusion criteria that should be considered by the paediatrician as part of determining a child/young person’s suitability for referral to the MDT clinic.

**Exclusion Criteria: Any known underlying physical and mental health issues that better explains symptoms (unless there has been a change in symptoms since contracting COVID-19)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirement** | **Inclusion Criteria** | | | **Response** |
| **Essential** | Is the individual aged up to 16/aged 16 in school/college or other secondary education? | | | Y/N |
| **Essential** | Has the individual experienced symptoms for more than three months. Individuals can be considered under three months if other causes have been excluded (as per the NICE definition.) | | | Y/N |
| **Not essential** | Does the individual have a history of suspected Covid-19 infection with one of the three criteria below | | |  |
| 1. **Previous PCR positive for SARS-CoV-2** | | | Y/N |
| 1. **COVID antibody positivity** | | | Y/N |
| 1. **Clear close epidemiological link to be determined on a case by case basis (school/family etc)** | | | Y/N |
| **Date of previous positive COVID-19 swab (if performed)** | | |  |
| **Essential (one or more)** | **Does the individual have one or more of the following as a predominant symptom? Please detail.** | | |  |
| (i) Severe fatigue that is preventing ADLs – e.g. going to school /activities/nursery/ play dates/ regression | | |  |
| (ii) Change from baseline that is unacceptable to referring Dr/Pt | | |  |
| (iii) Temporally associated persistent unexplained physical symptoms | | |  |
| **Essential (one or more)** | **Is the individual experiencing one or more of the following:** | | |  |
| Fatigue | Abdominal pain | Anxiety or low mood |  |
| Respiratory | Brain Fog | Headaches |
| Pain |  |  |
| Other | | |
| **Essential** | Can the individual symptoms be explained by another condition? | | |  |
| **Essential** | Does the individual have a history of PIMS-TS *(N.B. these patients will already have follow-up but should not be excluded from the clinic)* | | |  |
| **Essential** | Have screening bloods been done? | | | *Please list those that have been done and the results* |
| **Essential** | What other investigations have been conducted? | | | *Please list those that have been done and the results* |