

BOC HOOF help guide

Must include NHS Number DOB and clinical code.

Must be a numerical value no greater than 24hpd. PRN not accepted. If adding ambulatory whole form must not exceed 24hpd.

We cannot accept part A forms for ambulatory oxygen as set out by the NHS terms and conditions. The exception is 1 hour per day for palliative patients and those going into a hospice. The patients must also have the same flow rate in litres per minute (lpm) for both DOMICILLARY and AMBULATORY. If the patient needs additional equipment/hours ambulatory (such as that covered in a part B Hoof) we will ask one of our regional leads to contact you with details of your nearest HOS-AR team.

There must be a name and signature from a qualified clinician.

Home Oxygen Order Form (HOOF)
Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)
 All fields marked with a "*" are mandatory and the HOOF will be rejected if not completed

NHS

1. Patient Details			
1.1 NHS Number*		1.7 Permanent address*	1.9 Tel no.
1.2 Title			1.10 Mobile no.
1.3 Surname*			2. Carer Details (if applicable)
1.4 First name*			2.1 Name
1.5 DoB*			2.2 Tel no.
1.6 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		1.8 Postcode*	2.3 Mobile no.
3. Clinical Details		4. Patient's Registered GP Information	
3.1 Clinical Code(s)		4.1 Main Practice name:*	
3.2 Patient on NIV/CPAP <input type="checkbox"/> Yes <input type="checkbox"/> No		4.2 Practice address:	
3.3 Paediatric Order <input type="checkbox"/> Yes <input type="checkbox"/> No		4.3 Postcode*	4.4 Telephone no.
5. Assessment Service (Hospital or Clinical Service)		6. Ward Details (if applicable)	
5.1 Hospital or Clinic Name:		6.1 Name:	
5.2 Address:		6.2 Tel no.:	
5.3 Postcode:		6.3 Discharge date: / /	
5.4 Tel no.:			
7. Order*		8. Equipment*	9. Consumables*
For more than 2 hours/day it is advisable to select a static concentrator		(select one for each equipment type)	
Litres / Min	Hours / Day	Type	Quantity
		8.1 Static Concentrator. Back up static cylinder(s) will be supplied as appropriate	Nasal Canulae
		8.2 Static Cylinder(s) A single cylinder will last for approximately 8hrs at 4l/min	Mask % and Type
10. Delivery Details*			
10.1 Standard (3 Business Days) <input type="checkbox"/>	10.2 Next (Calendar) Day <input type="checkbox"/>	10.3 Urgent (4 Hours) <input type="checkbox"/>	
11. Additional Patient Information		12. Clinical Contact (if applicable)	
		12.1 Name:	
		12.2 Tel no.	12.3 Mobile no.
13. Declaration*			
I declare that I am the registered healthcare professional responsible for the information provided, the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings.			
* I have completed/ or confirm there is a previously signed copy of the Home Oxygen consent form HOCF <input type="checkbox"/> AND The Initial Home Oxygen Risk Mitigation Form IHORM <input type="checkbox"/>			
Name:	Profession:		
Signature:	Date:	Referred for assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax back no. or NHS email address for confirmation / corrections:			
14. Clinical Code			
CODE	Condition	CODE	Condition
1	Chronic obstructive pulmonary disease (COPD)	12	Neurodisability
2	Pulmonary vascular disease	13	Obstructive sleep apnoea syndrome
3	Severe chronic asthma	14	Chronic heart failure
4	Interstitial lung disease	15	Paediatric interstitial lung disease
5	Cystic fibrosis	16	Chronic neonatal lung disease
6	Bronchiectasis (not cystic fibrosis)	17	Paediatric cardiac disease
7	Pulmonary malignancy	18	Cluster headache
8	Palliative care	19	Other primary respiratory disorder
9	Non-pulmonary palliative care	20	Other
10	Chest wall disease	21	Not known
11	Neuromuscular disease		

Please provide the address of which you require the delivery to be made and a valid contact number.

The form must contain GP information to ensure account is aligned to the correct CCG.

Must be a % compatible with flow.

Please tick if canulae is required. A consumable MUST be selected.

Important: both check boxes MUST be completed or the HOOF will be rejected.

A Fax number or NHS.net email address ensures you will receive a confirmation that your order is being processed.

All prescriptions supersede the last so please ensure all details are added