BOC
A Member of The Linde Group

BOC HOOF Help Guide Part A

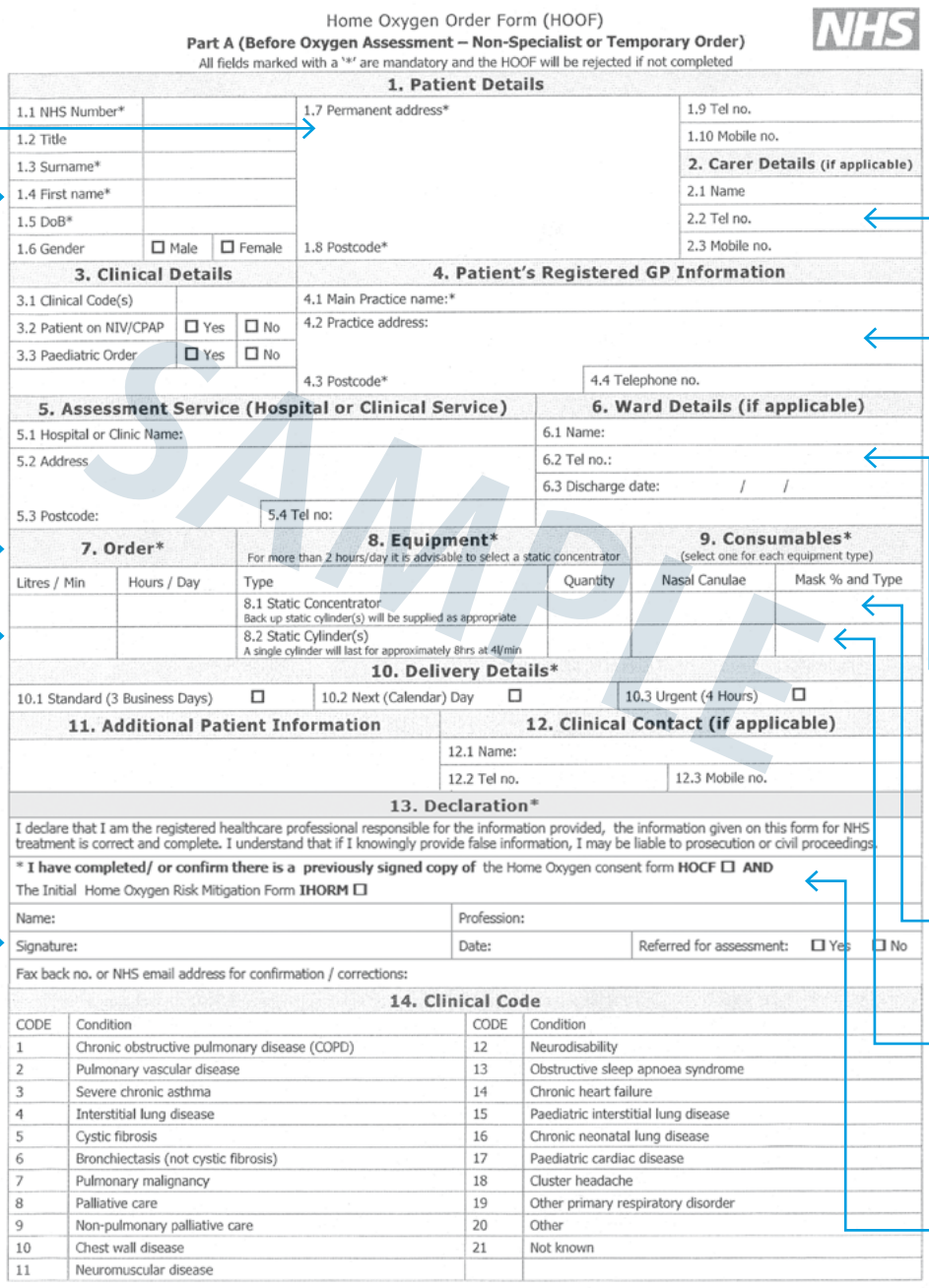
Please provide the address of which you require the delivery to be made.

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 clinical advisors 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	☐ Male ☐ 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	☐ Yes	☐ No	4.2 Practice address:	
3.3 Paediatric Order	☐ Yes	☐ 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.:
	6.3 Discharge date: / /
5.3 Postcode: 5.4 Tel no:	

7. Order*		**8. Equipment*** For more than 2 hours/day it is advisable to select a static concentrator		**9. Consumables*** (select one for each equipment type)	
Litres / Min	Hours / Day	Type	Quantity	Nasal Canulae	Mask % and Type
		8.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			
		8.2 Static Cylinder(s) A single cylinder will last for approximately 8hrs at 4l/min			

10. Delivery Details*

10.1 Standard (3 Business Days) ☐ | 10.2 Next (Calendar) Day ☐ | 10.3 Urgent (4 Hours) ☐

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** ☐ **AND** The Initial Home Oxygen Risk Mitigation Form **IHORM** ☐

Name:	Profession:	
Signature:	Date:	Referred for assessment: ☐ Yes ☐ 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		

SAMPLE

Please provide the patient/carer/next of kin contact numbers. Please provide all contact details available. If there is an emergency contact please also provide this.

Please inform the main contact to expect a call from BOC to complete the phone based risk assessment and arrange the oxygen installation.

GP information must be provided to ensure an account is aligned to the correct CCG.

Ward details with phone numbers ensures we can contact you as soon as possible if there is an issue with the form.

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.

Providing a secure NHS email address ensures you will receive confirmation that your order is being processed.

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