

Dollar Health Centre, Park Place, Dollar, FK14 7AA

Telephone: 01259 742120

www.dollarhealthcentre.org.uk

Practice Code: V25210

Dear patient,

**COPD review**

It is now time for your annual review.

As you are aware there is a current national emergency in the health service due to Coronavirus (COVID-19) and as a result we cannot currently provide a ”business as usual” service. In line with national NHS guidelines, many of our face-to-face appointments have been moved to telephone appointments or near me video consultations.

Please contact our reception on 01259 742120 and ask for a 15 minute telephone consultation with one of our Practice Nurses.

In preparation for your telephone consultation please have the following

information to hand:

* Completed COPD Assessment Questionnaire can be found next to the letter on our website
* Home blood pressure readings – take readings each morning and evening for 3 days \*\*
* Height and weight measurements
* Smoking and alcohol status
* Your inhalers and other medication
* If you have been recently diagnosed with a chronic disease: your family history information

\*\*If you do not have a blood pressure machine you can borrow one from the health centre. The blood pressure machines will be cleaned on return to the Health Centre but please leave it at home for 3 days before you use it. Please phone reception to request one. Alternatively blood pressure machines can be purchased online from approximately £20.

If you decide that you do not want your review at this time please complete the disclaimer form attached and return it to the health centre or phone 01259 742120 to inform one of our administration team. **If we do not hear from you, we will not automatically invite you to make an appointment until this time next year. However please feel free to book a telephone appointment at any time if you change your mind.**

We look forward to hearing from you.

Yours sincerely

**For and on behalf of Drs Baughan, Randfield, Meeten and Zacheshigriva.**

**Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_**

I do not wish to attend for my annual review this time. I understand that I can make a telephone appointment at any time for this review and should I wish to do so. I also understand that I will not automatically be invited for my review for a further 12 months.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**