**Referral format**

Name

Date of birth

NHS number

Contact Telephone number:

Eligibility condition(s)

(Updated recommendations of the Advisory Group detailing eligibility criteria can be found [here](https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report-march-2023))

Current medications:

Drug Allergies:

Date of Covid symptom onset:

Date of Covid test (LFT/PCR):

Covid Vaccination history:

Any other clinical information which would be helpful for the treating physician: