



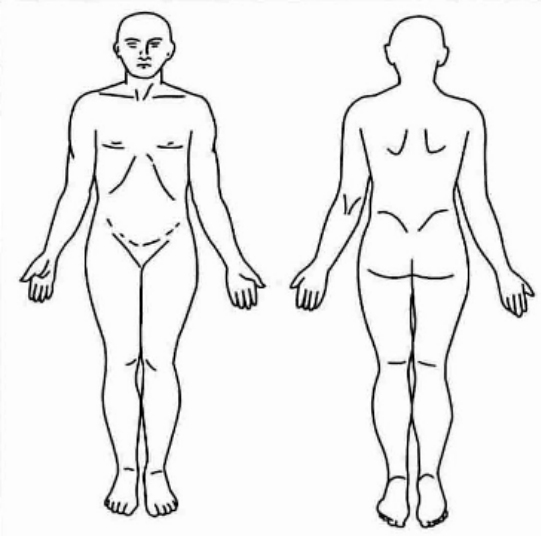
Community Dermatology Referral Form

Printed via The Charing Surgery entry on www.ashfordcp.co.uk

For emergency cases refer via 2 week wait pathway

Please refer via **Choose & Book** attaching this form

PATIENT		PRACTICE	
NHS Number:		Practice Name:	
Forename:		Practice Address:	
Surname:			
Address:			
DOB:		Referring Practice Code:	
Home Telephone:		Telephone Number: (For urgent clinical findings)	
Mobile:		Fax:	
Email:		NHS.net mail only:	
Physical/Communication difficulties (specify if any):		Wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language if interpreter required?		Ethnicity:	
CLINICAL INDICATION / PROBLEM / PRESENTING COMPLAINT: <i>Please provide as much relevant clinical information as possible to ensure the most appropriate investigation is performed</i>			
RELEVANT PMHx/SOCIAL Hx:			
MEDICATION:			

Please indicate location of complaint:								
ALLERGIES:								
REFERRER'S EXPECTED OUTCOME OF REFERRAL: <i>Please tick one of the boxes below</i>								
<table border="0"> <tr> <td>Community Clinic</td> <td><input type="checkbox"/></td> <td>Secondary Care</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dermascope</td> <td><input type="checkbox"/></td> <td>Advice Only</td> <td><input type="checkbox"/></td> </tr> </table>		Community Clinic	<input type="checkbox"/>	Secondary Care	<input type="checkbox"/>	Dermascope	<input type="checkbox"/>	Advice Only
Community Clinic	<input type="checkbox"/>	Secondary Care	<input type="checkbox"/>					
Dermascope	<input type="checkbox"/>	Advice Only	<input type="checkbox"/>					
Notes/documentation attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Request:							
Referrer (please print name): Referrer's Signature:								
<p style="color: red;">Please ensure all details are completed in this form otherwise there may be a delay in processing the referral</p>								

Please send referrals to the DMC Referral Management Centre via Choose & Book, alternatively:

Email: dmc.referrals@nhs.net Fax: 0207 478 1621

If you have any queries or concerns regarding a patient referral please do not hesitate to contact us. Telephone Number: 01795 342011 (9am to 5.30pm)