

**Nottingham NHS Treatment Centre**

**Hepatobiliary pancreatic**

Z012: Patient referral

Please attach the completed document using the Choose & Book system**.**

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| **Section 1 Patient information (Please complete in BLOCK CAPITALS)** | | | |
| Surname:  First name:  Mr  Miss  Mrs  Ms  Other:  Date of birth: | Date of referral:  NHS number:  UBRN:  Home telephone number: | | |
| Address:    Postcode: | Mobile / daytime telephone number:  Transport: Yes  No  Mobility:  Interpreter: Yes  No  Ethnicity:  Language: | | |
| **Section 2 Practice information (Please use practice stamp if available)** | | | |
| Referring GP: | | | Locum: Yes  No |
| Practice address:    Postcode: | | Telephone:  Fax: | |
| **Section 3 Clinical information (please ✓all applicable entries)**  **Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY** | | | |
| **Symptoms**    Obstructive jaundice (depending on clinical state) – Urgent Ultrasound to be arranged if this can be done without unreasonable delay    Upper abdominal mass | | **Investigations:**  **Ultrasound**  Location:       Date:       Findings:    LFT’s: | LFT’s:  Clotting:  APTT:  INR:  FBC : Yes  No    Date: |

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| **Section 4 Past medical history** |
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| **Section 5 Medication** |
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| **Section 6 Additional clinical details** |
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| Discussed urgent suspected cancer referral with patient: Yes  No |
| Is the patient aware they have been referred on the “2 Week Wait” pathway: Yes  No |
| Does the patient have any holiday plans within the next 2 months: Yes  No  If yes, please give details below: |

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| **Any Communication Needs** |

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| **Hospital use only:** |
| Date referral received: |
| Patient contacted: |

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