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|  | **SECTION 1 - PATIENT DEMOGRAPHIC DETAILS** | **PATIENT MOBILITY & COMMUNICATION** |
| **Title:** <Patient Name> | **FIRST NAME:** <Patient Name> | **Mobility****:**      <Diagnoses> |
| **Date of Birth:** <Date of birth> | **SURNAME:** <Patient Name> | **Tick if Transport required : Y**[ ]  |
| **Age**: **<Patient Age>** | **Gender: <Gender>** | **Language:** <Diagnoses>       | **Does the patient have a Pacemaker?** **Y**[ ]  **N**[ ]  |
| **NHS number:** <NHS number> | **Tick if Interpreter required?: Y**[ ]  <Diagnoses> |
| **Contact Details:**  \_ Please check these are up to date<Patient Contact Details> | **Tick if Communication / Capacity issues:** **Y**[ ] <Diagnoses>      55 |
| **Carer status:**       <Diagnoses> |
| **Address:** | <Patient Address> | **Ethnicity:** <Diagnoses> |
| **Accessible Information Standards:**      <Diagnoses> |
| **1a – PRACTICE INFORMATION** |
| **Referring GP**       | **Date of Referral:** <Today's date> |
| **Practice Address:** <GP Details> |
| **Telephone:** <GP Details> |

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|  | **SECTION 2 – REFERRAL DETAILS - <Referrals In>** |
|  | **NATURE OF THE REFERRAL:**  |  |
|  | **Skin Lesion Referral** [ ]  **Suspected BCC** [ ]  | **Urgent (within 1 week)** [ ]  |
|  | **Skin Rash Referral** [ ]  **Other** [ ]  | **Routine (within 4 weeks)** [ ]  |
|  | **Reason for referral – please indicate Diagnosis/ Management Problem/ Further Information:** |
|  | **Treatments tried to date and their effectiveness:** |
|  | **Have they been referred, for the same problem, in the last 12 months? Yes** [ ]  **No** [ ]  |
|  | **Additional Comments:** |

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|  | **SECTION 3 - PAST MEDICAL HISTORY** |
| **PROBLEMS / SUMMARY** |
| **Please delete either problem entries or summary entries on this form depending on which system your practice uses:****These are the problem entries:****Major Problems** <Problems(table)>**Minor Problems**<Problems(table)>**These are the summary entries:** **Major Summary**<Summary(table)>**Minor & Unspecified Summary**<Summary(table)> |
| **MEDICATION** |
| **Current Repeats Medication**<Repeat Templates(table)>**Current Acute Medication:** (this will show hospital / dental medications if added to Systmone)<Medication(table)>      |
| **ALLERGIES AND SENSITIVITIES** |
| **Allergies and Sensitivities** <Allergies & Sensitivities(table)> |