Bristol Community Health

DERMATOLOGY REFERRAL FORM

Please complete both pages, save and then send to BRCH.dermatology@nhs.net, or post to the address at the end of this form.

PATIENT'S DETAILS

Patients Surname …………………………………………….. Age …………..…..M/F…………..……

Patients First Name…………………………………………….. DOB ……../………/…………..

Name Patients wishes to be known by……………………………… NHS No: ………………………

Patient/Carer's name…………………………………………... Contact No: ……………………

Patients Address……………………………………………………..…………………………………

………………………………………………………………………….Postcode…………………………

REFERRER'S DETAILS | **REGISTRATION DETAILS**

Name ………………………………………………….G.P ……………………………………...……

Title ………………………………………………… Practice ………..…………………………..…

Contact Address …………………………………… Practice Address ………………………………..

……………………………………………………... ………………………………………………..

Post Code ……………………………………..… Post Code ………………………………………..

Phone No: ………………………………….……… Phone No: ……………………………………….

E-Mail ……………………………………………. Email…………………………………………….

Fax No………………………………………………. Fax No……………………………………………

PROTECTION/AT RISK DETAILS

Please complete if relevant

Name of Social Worker……………………………………………………………………………

Social Worker contact details…………………………………………………………………………

Relevant information to be taken into account for this referral……………………………………………

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Do you wish to do a joint consultation Y/N

Please contact the office on the telephone number below if any details need to be discussed prior to appointment.

CLINICAL DETAILS

Diagnosis ……………………………………………………………………………………………………..

Length of time with symptoms …………………………………………………………………………….

Areas affected …………………………………………………………………………………………….

Reason for referral …………………………………………………………………….……………..

(eg: further management / education / support) ………………………………………………………….

Current treatments ……………………………………………………………………………………….

……………………………………………………………………………………….

Past prescriptions ………………………………………………………………………………………..

……………………………………………………………………..…………………

Further Information

To include PMH, Medication and allergies

Signature………………………………. Date ……………………………….

Primary Care Dermatology Service
William Budd Health Centre, Knowle West Health Park, Downton Rd, Knowle, Bristol, BS4 1WH
Tel: 0117 9449782 – 0117 9449783 Fax: 0117 9638707 Email: BRCH.dermatology@nhs.net