**Dermatology Referral Form**

**This form is to be used for all (non 2WW) secondary care dermatology referrals**

**Useful guidelines to support management in primary care can be found on the Primary Care Dermatology Website** [**http://www.pcds.org.uk/**](http://www.pcds.org.uk/)

**Please consider whether the dermatology advice and guidance service may be appropriate for your patient as this aims to provide a diagnosis and management plan within 72 hours.**

**Practice Name:** Organisation Name

**Tel No:**  Organisation Telephone Number

**Fax No:**  Organisation Fax Number

**Dermatology Advice and Guidance** [ ]  **Secondary Care Referral [ ]**

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| --- |
| **Practice Information** |
| **Referring Clinician:** |       | **Referral decision date:** | Short date letter merged  |

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| --- |
| **Patient Details** |
| **NHS Number:** | NHS Number  | **Name:** | Title Given Name Surname Home Full Address (stacked)  |
| **D.O.B:** | Date of Birth  | **Age:** | Age  | **Address:** |  |
| **Gender** | Gender(full)  |  |  |
| **Ethnicity** | Ethnic Origin  |  |  |
| **Tel:** | Patient Home Telephone Patient Mobile Telephone  |  |  |
| **Other:** |       |  |  |

**IMPORTANT: Where appropriate please use the ‘Inflammatory skin conditions’ or ‘Skin lesion’ templates in your consultation with the patient – the information you collect from these will then appear in the form below to auto-populate the referral.**

**Reason for Referral:**

Please ensure you include a description of the condition, its location and duration as well as any treatments used to date and their effectiveness.

Consultations

**Additional Information:**

**Medical history:**

Problems

**Medication:**

Medication

**Known drug idiosyncrasies:**

Allergies

**Most recent blood results:**

Single Code Entry: Haemoglobin A1C - diabetic control interpretation

Single Code Entry: O/E: inspection of blood

Single Code Entry: FBC - full blood count