

Reconstructive Prosthetics Referral Form

Please return completed form to
bristolhelmetsservice@nbt.nhs.uk

Address: Reconstructive Prosthetics Department, Gate 24, Level 1 Brunel Building, Southmead Hospital,
Southmead Road, Bristol BS10 5NB. Telephone: 01174143640.
(May insert patient ID sticker)

Patient Name:

Hospital Number:

NHS Number:

Address:

Postcode:

Date of Birth:

Referring consultant:

Consultant's secretary's name:

Consultant's secretary's tel number:

Location:

Clinical diagnosis:

Date/details of any relevant surgery:

Prosthetics treatment request:

Brief history (*attach clinic letter separately if available*):

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Relevant medication/allergies/infection risk:

Referrer details:

Name:

Location:

Is the patient an inpatient (Y/N)?

If Y, where?

Referral submitted by:

Tel number:

Date:

Signature (or registration number):

What specialty are you referring from:

FOR RECONSTRUCTIVE PROSTHETICS USE ONLY:

Intended Surgery/ Required Date:			
Referral Type: (<i>circle as appropriate</i>)			
<i>Facial/Body Prosthetics</i>	<i>Cranioplasty Plate</i>	<i>Keloid Splint</i>	<i>Burns/Scar Splint</i>
<i>Skin Camouflage</i>	<i>Helmet Therapy</i>	<i>OTHER</i>	
Sent to Outpatients Booking?			Y/N
<i>Details:</i>			

Form originally created by Amy Davey, Lead Reconstructive Scientist and Reconstructive Prosthetics Laboratory Manager