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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:** | |

|  |  |
| --- | --- |
|  | **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)> |