REFERRAL FORM
FAX 01903 340849

Sussex Community Dermatology Service
Central Admin Office
51 Chesswood Road
Worthing | West Sussex | BN11 2AA

Patient Details:
(Please include NHS No. and Telephone No.)

First name:	
Surname:	
Date of Birth:	
NHS Number:	
Home Telephone No:	
Mobile Telephone No:	
Patient Address:	

Preferred Clinic Locations:
(Please tick one of more clinic locations)

Pulborough Primary Care Centre	☐
Hove Skin Clinic	☐
Crawley Health Centre	☐
Dolphins Practice (Haywards Heath)	☐
Hurstpierpoint Health Centre	☐
Horsham (Park Surgery)	☐
Horsham Hospital Outpatients	☐
Moatfield Surgery (East Grinstead)	☐
Brow Medical Centre (Burgess Hill)	☐
Steyning Health Centre	☐
Bognor War Memorial Hospital	☐
Arundel Surgery	☐
St. Lawrence Surgery (Worthing)	☐
Witterings Healthcare Centre	☐
Westcourt Medical Centre (Rustington)	☐
Northbourne Medical Centre (Shoreham)	☐

Referring GP Details:
(Please include name of referring GP)

Date of Referral:	
First Name:	
Surname:	
GP Practice Name:	
GP Practice Address:	

Referral to:

GPwSPI	☐
Consultant	☐

Nature of the Referral:

Skin Lesion Referral (please tick)	☐
Skin Rash Referral (please tick)	☐

IMPORTANT:
Please be aware that Sussex Community Dermatology Service is unfortunately unable to provide ambulance or taxi transport to their patients. All patients are required to make their own travel arrangements to their appointments.

Referral Urgency:

Urgent	☐
Within 4-weeks	☐
Within 6-weeks	☐

Description of condition/duration/location (please give as much information as possible):
Treatments tried to date and their effectiveness:
Past medical history/relevant family history:
Current medication:
Reason for referral - please indicate Diagnosis | Management Problem | Further Information: