

## REFERRAL FORM FAX 01903 340849

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

**Patient Details: Preferred Clinic Locations:** (Please tick one of more clinic locations) (Please include NHS No. and Telephone No.) First name: Pulborough Primary Care Centre Surname: Dolphins Practice (Haywards Heath) Hurstpierpoint Health Centre DOB: **NHS Number:** Horsham (Park Surgery) **Home Telephone No:** Horsham Hospital Main Outpatients **Mobile Telephone No:** Moatfield Surgery (East Grinstead) **Patient Address:** 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) **Referring GP Details:** Worthing Laser & Skin Clinic (Please include name of referring GP) Date of Referral: First Name: Surname: Referral to: **GP Practice Name: GPwSPI GP Practice Address:** Consultant Nature of the Referral: Skin Lesion Referral (please tick) Skin Rash Referral (please tick) **IMPORTANT: Referral Urgency:** Please be aware that Sussex Community Dermatology Service is Urgent unfortunately unable to provide ambulance or taxi transport to their Within 4-weeks patients. All patients are required to make their own travel Within 6-weeks arrangements to their appointments. 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: