REFERRAL FORM
FAX 01273 665 143

Brighton and Sussex Dermatology Service
Central Admin Office
Brighton General Hospital, Elm Grove
Brighton, East Sussex. BN2 3EW

Patient Details:

First name	
Surname	
Date of Birth	
NHS Number	
House No./Name	
Address	
Town	
County	
Postcode	
Telephone Number	
Mobile Number	

Preferred Clinic Locations: *(Please Tick)*

Brighton – Brighton General Hospital	☐
Haywards Heath – Princess Royal Hospital	☐
Hollingbury – Carden Surgery	☐
Lewes – Lewes Victoria Hospital	☐
Peacehaven – Peacehaven Children's Centre	☐
Portslade – Mile Oak Medical Centre	☐

Referral To:

GPwSI ☐ Consultant ☐

Referral Date:

Referring GP Details:

GP First Name	
GP Surname	
Practice Name	
Practice Address	
Town	
County	
Postcode	

Nature of the Referral:

Skin Lesion Referral	☐
Skin Rash Referral	☐

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* e.g. Diagnosis, Management Problem, Further Information):