

COMMUNITY DERMATOLOGY REFERRAL FORM



Sussex & Surrey Dermatology Service

Patient Details:

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

Referral Date:

Referring GP Details:

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

Preferred Clinic Location:

- Upper Gordon Road (Camberley)
 Frimley Green Medical Practice

Referral Method:

- ERS
 Email: gprefferal.sussexcds@nhs.net
 Post: **Sussex & Surrey Dermatology Service
Administration Office
51 Chesswood Road
Worthing
West Sussex
BN11 2AA**

Nature of the Referral:

- Skin Lesion Referral
 Skin Rash Referral

Referral Urgency:

- Urgent
 Within 4-weeks
 Within 6-weeks

Description of the 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)*

HOW TO REFER: Email: gprefferal.sussexcds@nhs.net / Find us on ERS under:

ODS CODE NYG - SUSSEX COMMUNITY DERMATOLOGY SERVICE / GP Practice Hotline: 01903 703272

Full Referral Guidelines and further information about the service can be found <http://www.laserandskinclinics.co.uk/nhs/information-gps/>