

CWS Community Dermatology Services: GP Referral Form

Do not use this form for 2 week rule

For suspected MM or SCC please use the 2 week rule pro-forma and C&B/fax

<http://gp.westernsussexhospitals.nhs.uk/2-week-rule/>

Please refer to [guidelines](#) for specific conditions that apply

Date of Referral:

Patient details

Name:

NHS Number (must include):

D.O.B:

Address:

Daytime Tel no:

Mobile no:

Referring GP Details:

Name:

GP Practice:



Clinical Diagnosis:	
Brief History of Condition: (include measurements, site of lesion/rash, condition, duration, photo if possible)	
Treatments tried to date	
PMH (incl. relevant FH)	
Current Medication: (incl. anticoagulants)	

Please (X): **Urgent** **Routine**

Please advise your patient that they may have a procedure at their consultation.

Please indicate preferred community clinic location: Please (x) as appropriate

NB PLEASE *CHOOSE ONE SERVICE* ONLY AND ONE OR MORE CLINIC LOCATION UNDER THAT PROVIDER:

	
St Richards Hospital Community Clinic	Bognor War Memorial Hospital
Bognor Hospital Community Clinic	Worthing (St Lawrence Surgery)
Worthing Hospital Community Clinic	Worthing Laser & Skin Clinic (Chesswood Rd)
Southlands Hospital Community Clinic	Arundel Surgery
	Rustington (Westcourt Medical Centre)
	Steyning Health Centre
	Witterings Healthcare Centre
	Hove Skin Clinic
	Pulborough Medical Centre
WSHFT Contact details: Email: WSHNT.outpatientappointments@nhs.net Tel : 01273 446067 Fax: 01273 446081	SCDS Contact details: Email: gpreferral.sussexcds@nhs.net GP Hotline telephone: 01903 703272 Fax: 01903 340849

PLEASE SEND COMPLETED REFERRAL FORMS VIA E-REFERRAL