

Referral Form

Minor Surgery Unit - Winterton Medical Practice

Patient Name		D.O.B	
Patient Address		NHS No	
		Contact Number	

Date of referral	
Referring GP	
GP Address	

Please tick which procedure that you are referring the patient for.

Mr Chaudhary Urologist	Procedure Requested						Prior Funding Approval Provided with Referral
Circumcision							
Vasectomy							
Hydrocele Removal							
Additional Information:							
Mr Ahmad General Surgeon	Procedure Requested						
Inguinal Hernia Repair	Left		Right		Bilateral		
Umbilical Hernia Repair							
Rigid Sigmoidoscopy							
							Prior Funding Approval Provided with Referral
Excision Anal Skin tags							
Ligation of Haemorrhoid							
Additional Information: <i>*Include any investigations already undertaken*</i>							
Mr Shahid Orthopaedic Surgeon	Procedure Requested						Prior Funding Approval Provided with Referral
Carpal Tunnel Release <i>*Please Include Nerve Conduction Studies*</i>	Left		Right		Bilateral		
Removal of Ganglion (Please Specify location) <i>*Only Hand/Wrist/Foot/Knee*</i>							
Trigger Finger	Left		Right		Bilateral		
Dupuytren's Contracture	Left		Right		Bilateral		
Injection (Please specify location)							
Aspiration of Ganglion							
Additional Information:							

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Minor Surgery	Procedure Requested <i>*Nothing on the face, Hands or Feet*</i>	Prior Funding Approval Provided with Referral
Removal of Cyst		
Removal of Lipoma		
Removal of Mole		
Removal of Skin Tag		
Removal of Wart		
Other (Please Specify)		
Additional Information: (Please specify location)		

Previous Medical History	
Past history	
Allergies	
Medication (Especially Anti-coagulants)	

Please note: We can only accept referrals for patients that weigh 140kg and less.

Winterton Medical Practice, Manlake Avenue, Scunthorpe, DN15 9TA
01724 734040

Please send all completed forms to either:
Charlotte.Markham@nhs.net or Jessica.Brooks5@nhs.net.

If sending via E-RS, please ensure that this form is used/completed.

FOR STAFF USE ONLY

Operating Doctor: (address stamp)	Date Assessed:
	Date Operated:

Clinical Notes: