

## 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.

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

