

Mr/Mrs/Miss/Other		Date of Birth	__/__/____
Surname		Referring GP	
First Name(s)		GMC Code	G
NHS Number		Registered GP	
Ethnicity		Practice Code	
Gender			
Address		Practice Address	
Home Telephone No and/or Mobile		Telephone Number	

<u>REASON FOR REFERRAL AND RELEVANT PAST MEDICAL HISTORY</u>

Medication:

Allergies:

Current investigations required which need to be faxed through with referral letter or follow on as soon as available are:

MSU
U&E's
URINE CYTOLOGY
ULTRASOUND SCAN to be arranged by Fountain Medical Centre (patient may receive appointment by phone). Please ensure we have a valid telephone number)

***Patients not suitable for this service are:-**

- Moderate or severe cardiac or respiratory disease
- Under 16s
- Elderly frail patients
- Patients on Warfarin

Signature of GP _____

Date