

North Lincolnshire Dermatology Service referral form

Referrals can be made through Choose and Book or faxed to 01482 638 576 or emailed to AMED.NLDermatology@nhs.uk. Alternatively, it can be posted to: Assura East Riding LLP, Dermatology Service, Melton Court, Gibson Lane, Melton HU14 3HH.

Date:		Time:	
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Patient details		
Name:		
Address:		
Postcode:		
Date of birth:		
Ethnicity:		
Telephone:	Home:	
	Work:	
	Mobile:	
NHS number:		

Relevant medical history / clinical information	
Details of relevant medical history, current medication, or attach appropriate printouts from your clinical system.	
Site:	
Description (appearance and size):	
Duration (has the rash/lesion altered over time)?	

Reason for referral			
Acne:	<input type="checkbox"/>	Actinic keratosis:	<input type="checkbox"/>
Lesion:	<input type="checkbox"/>	Eczema/dermatitis (seborrhoeic, varicose, atopic):	<input type="checkbox"/>
Psoriasis:	<input type="checkbox"/>	Pruritus:	<input type="checkbox"/>
Scalp disorders:	<input type="checkbox"/>	Rash:	<input type="checkbox"/>
Troublesome red face:	<input type="checkbox"/>	Urticaria:	<input type="checkbox"/>
Other:	<input type="checkbox"/>		

Referrer information	
Referred by:	
Practice name:	
Telephone:	
Date:	