

**Derbyshire Restricted Clinical Procedure Request**

**THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED WITH THE APPROPRIATE CLINICAL INFORMATION**

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| **Patient details** |  | **Referring GP details** |
| **Surname** |  | **Referring GP** |
| **Forename(s)** |  | **Practice name** |
| **Address**  **Post code** |  | **Practice address** |
| **Date of birth** |  | **Telephone number** |
| **NHS Number** |  | **GP practice code** |

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| **Patient Consent** | |
|  | **Mark or tick boxes below to confirm** |
| I can confirm that by submitting this request, I have reviewed this request against the relevant policy and believe the patient meets the relevant threshold criteria.  <http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies/plcv>  The patient is aware this may result in a procedure but the ultimate decision rests with the secondary care specialist |  |

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| **Reason for referral** | |
| Salutations:  Preamble/context: | Dear colleague,  ${Current\_Consultation}  Thank you,  ${Referring\_doctor} |

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| Problems  \* if recorded |

**Relevant SH & FH:**

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| Date  Smoking status  Alcohol  Occupation  Ethnicity  Veteran?  Detail which might assist timely discharge: | ${Todays\_date}  ${RC\_XE0og}  ${RC\_Ub0lD}  ${RC\_0….}  ${RC\_ XaJQu}  ${RC\_ XaX3N} |

Medication – ${Todays\_date}

${Current\_Acute\_Issues}

Allergies – ${Todays\_date}

${Allergies}

**Useful values:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BP**  ${RC\_246..}  **Systolic BP**  ${RC\_2469.}  **Diastolic BP**  ${RC\_246A.}    ${Todays\_date} | **Pulse rate**  ${RC\_242..} | **Height**  ${RC\_229..} | **Weight**  ${RC\_22A..} | **BMI** ${RC\_22K..} | **HbA1C**  ${RC\_X772q}  ${Todays\_date} |

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| **Please embed any attached items here.** |
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| **Please note any individual patient requirements here (e.g. Wheelchair user).** |
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| **Additional Patient Information** | **BOTH must apply** |
| This patient is willing to undergo a surgical procedure should it be offered. |  |
| I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist. |  |