

**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 OccupationEthnicityVeteran?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:**

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| **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. | [ ]  |