

**Nottingham NHS Treatment Centre**

**Hepatobiliary pancreatic**

Z012: Patient referral

Please attach the completed document using the Choose & Book system**.**

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|  **Section 1 Patient information (Please complete in BLOCK CAPITALS)**  |
| Surname:       First name:       Mr [ ]  Miss [ ]  Mrs [ ]  Ms [ ]  Other:       Date of birth:       | Date of referral:       NHS number:      UBRN:      Home telephone number:        |
| Address:       Postcode:  | Mobile / daytime telephone number:       Transport: Yes [ ]  No [ ]  Mobility:       Interpreter: Yes [ ]  No [ ]  Ethnicity:       Language:        |
| **Section 2 Practice information (Please use practice stamp if available)**  |
| Referring GP:        | Locum: Yes [ ]  No [ ]   |
| Practice address:       Postcode:        | Telephone:       Fax:        |
| **Section 3 Clinical information (please ✓all applicable entries)**  **Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY**  |
| **Symptoms** [ ]  Obstructive jaundice (depending on clinical state) – Urgent Ultrasound to be arranged if this can be done without unreasonable delay  [ ]  Upper abdominal mass  | **Investigations:****Ultrasound** Location:       Date:       Findings:        LFT’s:       | LFT’s:      Clotting: [ ] APTT:      INR:       FBC : Yes [ ]  No [ ]   Date:           |

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| **Section 4 Past medical history** |
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| **Section 5 Medication** |
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| **Section 6 Additional clinical details** |
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| Discussed urgent suspected cancer referral with patient: Yes [ ]  No [ ]  |
| Is the patient aware they have been referred on the “2 Week Wait” pathway: Yes [ ]  No [ ]   |
| Does the patient have any holiday plans within the next 2 months: Yes [ ]  No [ ]  If yes, please give details below:       |

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| **Any Communication Needs**       |

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| **Hospital use only:** |
| Date referral received:             |
| Patient contacted:       |

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