Click to see[***NW London Dermatology Referral Pathways***](http://www.dermatology.nhs.scot/dermatology-pathways/pathways)

* **All referrals must comply with the NW London referral guidelines** referrals that do not meet the guidelines will be returned
* **PLEASE INCLUDE A PHOTOGRAPH WITH THE REFERRAL**

**Exclusion Criteria**

* This service is NOT for acutely ill patients or suspected skin cancer
* If you suspect this may be urgent (erythrodemic, systemically unwell, severe blistering, mucosal involvement please send your patient to A&E
* For benign skin lesions please use NWL PPWT referral https://www.hounslowccg.nhs.uk/media/145967/2-BenignSkinLesions-PPwT-Primary-Care-Form-V6.doc

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| --- |
| **X CCG referral pathway:** *Each CCG to personalise* |
|  |

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| **Chosen provider:** *Each CCG to personalise* |
| **Named clinician (if indicated):** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:** | | | | | **Referrer:** | | |
| Name | <Patient Name> | | | | Name | | <Your Name> |
| NHS Number | <NHS number> | | | | GMC number | |  |
| DoB | <Date of Birth> | | | | Practice code | | <Organisation Details> |
| Patient’s Address | <Patient Address> | | | | Practice Address | | <Organisation Address> |
| Home ‘phone  Mobile ‘phone | <Patient Contact Details>  <Patient Contact Details> | | | | Practice Number | | <Organisation Details> |
| Work ‘phone | <Patient Contact Details> | | | | Practice Fax | | <Organisation Details> |
| Email address | <Patient Contact Details> | | | | Practice Email | | @nhs.net |
| Gender | <Gender> | | | | CCG and code | |  |
| Ethnicity: | <Ethnicity> | | | | Date of Referral | | <Today's date> |
| **Assistance:** | | | | | | | |
| Interpreter Required  Yes  No | | | If yes, main spoken language is <Main spoken language> | | | Need for advocate/carer present?  Yes  No | |
| Wheelchair user? Yes  No | | | | | Assistance with booking required? Yes  No | | |
| Transport required? Yes  No | | | | |  | | |
| **Reason for referral – Please tick*: (1 reason/pathway per referral)*** | | | | | | | |
| **SECTION 1**  **General Dermatology (non-lesion) –**  **PLEASE PROVIDE PHOTOGRAPHS** | | | | | **SECTION 2**  **Lesional Dermatology**  **PLEASE PROVIDE PHOTOGRAPHS** | | |
| **A single Lesion** | | **A general skin check (Go to section 3)** |
| * **Site:** * **Duration:** | | | | | **Lesion 1**   * **Site:** * **Duration:** | | **Lesion 2**   * **Site:** * **Duration:** |
| * **Symptom:**   Pain  Burning  Itchy  Sore | | * **Systematic Symptoms:**   Joint Pain  Fever  Sore Throat  Other: | | | **Changing:**  Colour  Shape  Size  Inflamed  Bleeding  Ulcerated | | **Changing:**  Colour  Shape  Size  Inflamed  Bleeding  Ulcerated |
| * **Appearance:**   Colour  Flat  Raised  Vesicles  Pustules  Scaly  Ulcerated | | * **History:**   Skin Disease  Eczema  Asthma  Hayfever  Psoriasis  Other: | | | **Provisional Diagnosis**  Melanoma  SCC  BCC  Other: | |  |
| **SECTION 3** | | | | | | | |
| **Risk Factors – *Tick all that apply***  Sun Damage  Previous Skin Cancer  Immunosuppression  > 100 moles  Family History of Skin Cancer  Excessive Sun Exposure | | | | | | | |
| **Additional Questions:** | | | | **Treatment given:** | | | |
| Blood Bourneviruses  On Blood Thinners  Pacemaker/Cardiac Device  Pregnant  Breast Feeding | | | |  | | | |
| **Body map – Mark with an X:** | | | | | | | |
| Image result for body map | | | |  | | | |
| **Any other clinical information:** | | | | | | | |
|  | | | | | | | |
| **Allergies and Sensitivities:** | | | | | | | |
| **Allergies**  <Allergies & Sensitivities> | | | | | | | |
| **Disease specific medication used in the last year:** | | | | | | | |
| <Medication(table)> | | | | | | | |
| **Other recent medication:** | | | | | | | |
| **Repeat Medication(s)**  <Repeat Templates(table)> | | | | | | | |
| **Relevant Past Medical History:** | | | | | | | |
| **Problems**  <Problems(table)>  **Summary**  <Summary(table)> | | | | | | | |

1.Should we include Melanoma and SCC? (This has been regular feedback from GPs as well)

2. There could also be a check box for benign lesions (eg. seborrheic keratosis, epidermoid cyst, benign naevus, skin tag, non-genital wart) – but with a note saying PPWT form must be completed in all cases?

3. We may wish to add some other common diagnoses instead eg. actinic keratosis, Bowen’s disease.