

Referral Form: Colorectal

WE CAN ACCEPT THE FOLLOWING REFERRALS

- Patients over 18.
- Any colorectal symptoms that DO NOT fall within NICE guideline criteria for Rapid Access

NB: This clinic is not for imaging appointments.

PATIENT DETAILS

NHS Number _____

First name _____

Last name _____

Address _____

Postcode _____

Phone number _____ / _____ / _____

Date of birth _____

REFERRING CLINICIAN DETAILS

Practice G8 ref _____

First name _____

Last name _____

Address _____

Postcode _____

Phone number _____

Fax number _____

Signed _____

Dated _____

Please give details of presenting condition + relevant medical history (including previous + current treatment + medications):

PLEASE POST/FAX COMPLETED FORM TO:

Colorectal Outpatient Clinic, Wye Surgery, Oxenturn Rd, Wye, Kent, TN25 5AY.

Tel: 01233 884 585 ext 222 FAX: 01233 811 408 Email: accg.wyesurgeryclinics@nhs.net