

Referral Form: Colorectal

For any colorectal symptoms that fall OUTSIDE the NICE guideline criteria for Rapid Access

EXCLUSIONS

This clinic **DOES NOT** accept referrals for:

- Patients under 18
- Any colorectal symptoms that MEET the NICE guideline criteria for Rapid Access
- Cases where imaging is required

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 _____

REFERRAL DETAILS

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



Email your referral to: **accg.wyesurgeryclinics@nhs.net**

Alternatively fax or post to: General Surgery Outpatients Clinic, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY.
Tel: 01233 884 585 Ext 2222 Fax: 01233 811408