

# Referral Form: General & Vascular Surgery

**PLEASE NOTE:** Please attach all necessary imaging to this referral form

**THIS CLINIC ACCEPTS ADULT PATIENTS AGED 18 AND OVER FOR:**

- Gall stones (confirmed by ultrasound)
- Hernia repair and hernia redo
- Rectal prolapse
- Anal fissure and fistula
- Abscesses
- Lumps and bumps
- Sinuses or fistula repair
- Venous ulcers suitable for skin grafting
- Haemorrhoids
- Varicose veins – meeting the National Criteria

### 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 TYPE & 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: Outpatient Clinics, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY  
 Tel: 01233 884 585 Ext 2222 Fax: 01233 811408