

Referral Form: General & Vascular Surgery

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

CRITERIA – ADULT PATIENTS 18 AND OVER - FOR FULL CRITERIA & EXCLUSIONS SEE OUR [WEBPAGE FOR THIS CLINIC](#)

- Gall stones (confirmed by ultrasound)
- Hernia repair and hernia redo
- Rectal prolapse
- Anal fissure and fistula
- Abscesses
- Lumps and bumps
- Sinuses or fistula repair
- Haemorrhoids
- Venous ulcers suitable for skin grafting
- Varicose veins – meeting National Criteria
- Superficial vein thrombosis
- Healed venous leg ulcers
- Lower limb skin changes
- Troublesome symptoms

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: kmccg.wyesurgeryclinics@nhs.net

Alternatively post to: Outpatient Clinics, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY

Tel: 01233 844 585 Ext 2222