**Wessex Regional Plastic Surgery Unit referral form**

**Date of referral:**

**Patient details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | |  | | | Last Name: | | |  | | | |
| D.O.B | | |  | | | Address: | | |  | | | |
| GP Details: | | |  | | |
| Referring Hospital: | | |  | | | NHS Number: | | |  | | | |
| Current Consultant: | | |  | | | Patient telephone no: | | |  | | | |
| Referring Doctor: | | |  | | | Current Ward: | | |  | | | |
| Grade: | | |  | | | Specialty: | | |  | | | |
| Contact details: | | |  | | | Alternative point of contact: | | |  | | | |
|  | Military Service Person | | |  | Military Veteran | |  | Member of Military Family | | | | |
| **COMMUNICATION AND ACCESSILBILTY NEEDS** | | | | | | | | | | | | |
| **ACUTE PLASTIC SURGERY MANAGEMENT REFERRALS**  History | | | | | | | | | | | | |
| **TRAUMA REFERRALS**  Mechanism of injury if trauma: | | | | | | Date of injury: | | |  | | | |
| Please include a summary of any ITU admission: | | |  | | | |
| Other injuries: | | | | | | | | | | | | |
| Past Medical History (and psychiatric history if relevant): | | | | | | Which T&O/General surgeon has this patient been discussed with? (if ongoing intervention required):  **Document which consultant will be responsible for patient’s care** whilst in Salisbury and with whom the patient was discussed. | | | | |  |
| Operative history for current problem: (include **dates** of operations and copies of **operation notes** | |  | | | | | | | | | | |
| Medication:  Pain management: | |  | | | | Allergies: | | | |  | | |
| Social History: | | | |  | | |
| Previous level of independence: | | | |  | | |
| DVT prophylaxis: | |  | | | | Current mobility status: | | | |  | | |
| Micro results and antibiotic therapy: | |  | | | | Current and future T&O/General surgery management plan: (including **plans for follow up and/or repatriation**)  (i.e. ?transfer back to referring unit on completion of plastics intervention) | | | |  | | |
| Radiology: (please attach any photographs, angio and radiology reports)  *If we are unable to access your local PACS images, please arrange transfer of all relevant images to Salisbury District Hospital.* | |  | | | | | | | | | | |

Please note that incomplete or insufficient information may result in delay of plastics input / transfer of patient.

Completed forms to be emailed to: [shc-tr.plasticstrauma@nhs.net](mailto:sch-tr.plasticstrauma@nhs.net) **following discussion with trauma co-ordinator bleep 1515.**

Salisbury District Hospital: 01722 336262

Laverstock Ward: ext.4312