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| **Patient details** | | | | |
| Name |  | | NHS Number |  |
| DoB |  | | Hospital Number |  |
| Telephone |  | | Email |  |
| **Referral Details** | | | | |
| Date |  | | Name of referrer |  |
| Time |  | | Contact details |  |
| Referring Hospital |  | |  |  |
| Referral taken by |  | | Discussed with  (if applicable) |  |
| **Details of referral** | | | | |
| Site |  | | COVID status |  |
| Laterality |  | | Photos on trauma email? |  |
| Date of injury |  | | Time |  |
| Co-morbidities |  | | Smoking |  |
| Mechanism |  | | | |
| Examination (including relevant imaging) |  | | | |
| **Outcome of referral** | | | | |
| Working diagnosis | |  | Outcome |  |
| Advice given | |  | | |
| Date communicated to referrer | |  | Time |  |

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| Telephone |  | | Email |  |
| **Referral Details** | | | | |
| Date |  | | Name of referrer |  |
| Time |  | | Contact details |  |
| Referring Hospital |  | |  |  |
| Referral taken by |  | | Discussed with  (if applicable) |  |
| **Details of referral** | | | | |
| Site |  | | COVID status |  |
| Laterality |  | | Photos on trauma email? |  |
| Date of injury |  | | Time |  |
| Co-morbidities |  | | Smoking |  |
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