



Your local Minor Surgery and Joint Injection Clinic Service (DES)

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|--------------------|----------------|
| Mr/Mrs/Miss/Other: | Date of Birth: |
| Patient Name: | Referring GP: |
| NHS Number: | Registered GP: |
| Gender: | GMC Code: |
| Ethnicity: | Practice Code: |
| Address: | |
| | |
| | |
| Home Tel No: | Tel No: |
| Mobile Tel No: | Fax No: |

Please indicate which Minor Surgery is applicable

| | |
|---------------------------------------|------------------------------------|
| Skin Lesion <input type="checkbox"/> | Injection <input type="checkbox"/> |
| Lump Removal <input type="checkbox"/> | Other <input type="checkbox"/> |
| Toenail <input type="checkbox"/> | |

Please indicate the presenting symptoms e.g. include the site and size of lesion / lump and duration

Relevant Past Medical History:

Present medication and allergies:

- Exclusions
- Warts and Verruccas
 - Moles/Neavi (referrals should be made to Dermatology)
 - Patients on Warfarin or NOAC

Referral methods: Referrals to the service can be made via e-referral, fax, email or post:

e-Referral: please pass the UBRN and information guide to patients and ask them to call us on 01274 256202

Fax: 01274 256193

E-mail: family.practice1@nhs.net

Address: The Family Practice, Whetley Medical Centre
2 Saplin Street, Bradford, BD8 9DW

If you require any information or advice about the service, please call our referral management centre on 01274 256202