|  |  |  |  |  |  |
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| **PATIENT DETAILS:** | | | | | |
| Date of Referral: |  | | | Date Received: |  |
| Surname: |  | | | Forenames: |  |
| Title: |  | | | Sex: |  |
| Address:  Postcode: | | | | Date of Birth: |  |
| NHS Number: |  |
| Tel (Home): |  |
| Tel (Other): |  |
| **REFERRER DETAILS:** | | | | | |
| Referring GP: | |  | | Practice Code |  |
| Practice Address: | | |  | | |
| Tel: | | |  | Email: |  |
| Signature: | | |  | | |

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| **SERVICE SPECIFIC REFERRAL INFORMATION** |

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|  | **Male lower urinary tract symptoms (LUTS) or benign prostatic enlargement (BPE)** |
|  | **Female urinary incontinence (overactive bladder (OAB) or stress incontinence)** |
|  | **Chronic testicular or pelvic pain** |
|  | **Scrotal swelling** |
|  | **Erectile dysfunction** |
|  | **Foreskin problems (tight foreskin, scared frenulum or XBO)** |
|  | **Penile problems (lump, lesion or penile deviation)** |
|  | **Vasectomy** |
| **Clinical Details** | |
| **Clinical Summary** | |
| **Recent or Previous Investigation** | |

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| **CONTACT DETAILS AND LOCATIONS** | |
| **Queen Victoria Hospital (QVH) Service** | **Sussex Medical Chambers Service** |
| **Email: tqv-tr.referrals@nhs.net**  Tel: 01342414193  Preferred Clinic Locations: (Please tick):   |  |  | | --- | --- | | **QVH** (Thurs) |  | | **Gossops Green** (Tues) |  | | **Email: adminsmc@nhs.net**  Tel: 01903503447  Fax: 01903250945   |  |  | | --- | --- | | Preferred Clinic Locations: (Please tick): |  | | **Crawley - Ifield Medical Practice** *(Tues-Fri)* |  | | **Haywards Heath- Dolphins Practice** *(Wed- Sat)* |  | | **Horsham - Park Surgery** *(Sat)* |  | | **Horsham - Southwater** *(Mon)* |  | | **Horsham - Horsham Hospital** *(Tue, Thu, Fri, Sat)* |  | | **Horsham - Park Surgery** *(Fri)* |  | | **Hurstpierpoint - Hurstpierpoint Health Ctr** *(Tue)* |  | |