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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: 01342414193Preferred Clinic Locations: (Please tick):

|  |  |
| --- | --- |
| **QVH** (Thurs) | **[ ]**  |
| **Gossops Green** (Tues) | **[ ]**  |

 | **Email: adminsmc@nhs.net**Tel: 01903503447Fax: 01903250945

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| 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)*  | **[ ]**  |

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