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: |  |
| **COMMUNICATION 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 relavent): | 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 relavant 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 **following discussion with trauma co-ordinator bleep 1515.**

Salisbury District Hospital: 01722 336262

Laverstock Ward: ext.4312