**FOR ALL Non 2WeekWait (non 2WW) DERMATOLOGY REFERRALS Request Advice & Guidance via ERS or Consultant Connect or attach this form to an ERS referral to refer for triage**

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| **Use 2 Week Wait pathway for suspected MALIGNANCY (SQUAMOUS CELL CARCINOMA/ MALIGNANT MELANOMA)** |
| ***Discuss* ACUTELY UNWELL PATIENTS needing to be seen within 24-48 hours with theDERMATOLOGY SPR ON CALL *@ Guys & St Thomas’ Hospital NHS Foundation Trust – 020 7188 7188 on call bleep 2010***  ***Or @ King’s College Hospital NHS Foundation Trust - 020 3299 9000 Bleep 214 or ask for on-call dermatologist***  *eg if any of the following are suspected*   * Erythroderma (more than 90% of the skin is affected) Any widespread Blistering disorder * Acne fulminans Severe drug reactions including Erythema Multiforme, * Eczema herpeticum Stevens Johnsons Syndrome and Toxic epidermal necrolysis |

**Patient Details Please double click on highlighted boxes as needed**

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| **Please attach a good photo of the rash/lesion site(s), a close up and profile if palpable. PhotoSaf helpful** | | | | | |
| **Title:** |  | | **NHS Number:** | |  |
| **First Name:** |  | | **Date of Birth:** | |  |
| **Surname:** |  | | **Gender:** | |  |
| **Home Address:** |  | | | | |
| **Telephone Number (confirmed)** |  | **Specific needs** | | Transport (will be triaged to secondary care )  Hoist (secondary care ) or other needs | |
| **Mobile:** |  | **Interpreter** | | Language requested: | |
| **Email :** | | **Ethnicity:** | | | |
| **Does the patient have additional communication needs e.g. Braille, Audio?** | | | | | |

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| **Patient’s preferred COMMUNITY CLINIC** | **Patient’s CHOICE OF HOSPITAL if triaged to SECONDARY CARE** |
| Community at Guy’s hospital  ELM LODGE SURGERY SE24 9HJ | GUY’S & ST THOMAS  KING’S COLLEGE  Other please state ……………… |

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| **Reason for referral** | **(If insufficient information is included, you may be asked to rerefer with further information)** | | | | | | |
| **URGENT REFERRAL** | **ACNE/ROSACEA** | | **ECZEMA** | | **PSORIASIS** | | |
| **Rash : diagnostic uncertainty** | **Suspected Basal Cell Carcinoma (BCC)** | | **YES Skin lesion is suitable for triage to teledermatology**   * + 16-50 years old   + 1 or 2 lesions ( includes BCCs)   ***Lesion******NOT suitable for triage to teledermatology if***  *- < 16years old or > 50 years old* - *Palmar/plantar/nail/genital lesions*  - *Immunosuppressed patients (e.g. transplant)*  - *Lesions suspected to be recurrent* | | | | |
| **Other skin condition** | **Symptomatic benign skin lesion (*SEL TAP \* APPLIES)*** | |  | | | | |
| **Skin lesions will be managed in accordance with the** [**SEL Treatment Access Policy**](https://selondonccg.nhs.uk/wp-content/uploads/2020/06/SEL-Treatment-Access-Policy-2019-FINAL-fert-amendment.pdf)  ***Viral warts, seborrhoeic and other benign lesions are not usually treated*** | | |  | | | | |
| Please indicate your patient’s Fitzpatrick skin type (I-VI) which  influences their susceptibility to sun damage and other skin problems:    **I  II  III  IV  V  VI** | | | | | | | |
| **Please refer to the** [SEL Dermatology Guidelines for Primary Care](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/Dermatology-Guidelines-for-Primary-Care-FINAL-January-2020-1.pdf) **before completing the clinical details below** | | | | | | | |
| **Referral details** | |  | |  | | | |
| **Acne pre-referral checklist** *Please double click the grey box and select as applicable:* | | | | | | **Yes** | **No** |
| Acne with nodulo-cystic change, scarring or causing severe psychological distress? Patient has tolerated topical treatment with oral antibiotics at the right dose for 3 months (if moderate to severe), or 6 months ( if mild-moderate?) *Please include details of treatment/ dosage/ frequency in eRS referral* | | | | | |  |  |
| Do you think that the patient should be considered for Oral Isotretinoin?  If yes, if your patient is female, please discuss need for very effective contraception? (Avoid POP as worsens acne) | | | | | |  |  |

*If the answer is NO to any of the above please indicate in eRS letter why you are referring now*

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| **Eczema pre-referral checklist** *Please double click the grey box and select as applicable:* | **Yes** | **No** |
| The patient has excluded external irritants & used an emollient as soap |  |  |
| Have you prescribed plenty of emollients/ appropriate topical corticosteroids? |  |  |

*If you have answered No to any of the above please indicate in the eRS letter why you are referring e.g.* Time off school, poor growth, repeated infective episodes, significant family distress and persistent disrupted sleep

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| **Psoriasis pre-referral checklist** *Patients fulfilling* ***ONE*** *of the following should be**considered for specialist referral Please double click the grey box and select as applicable:* | **Yes** | |
| There is diagnostic uncertainty  This is a new diagnosis in a young person aged < 18 years  The patient has **SEVERE** or **EXTENSIVE** of any type (>10% of body surface area is affected.)  The patient has any type of psoriasis not controlled with topical therapy  The patient has guttatepsoriasis requiring phototherapy (consider early referral)  The patient’s psoriasis is having a major impact on their person's physical psychological or social wellbeing (for example, [DLQI](http://www.dermatology.org.uk/quality/dlqi/quality-dlqi.html) 10+, distress or depression).  The patient has nail disease that is having a major functional or cosmetic impact. |  | |
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|  | **DLQi** |
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| **Referral Date** |  | **Reason for referral** | **What question/ concern is to be addressed ?** |

***Please include description of skin condition, duration, past history of skin disease, Family History of skin disease, past and present treatment with duration and outcomes (Please say where have they been seen previously)***

**………………………………**

**Please attach to ERS letter recent/ significant PMH*, letters concerning prior dermatology problems / medications***

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| Referrer Details |  |  | |
| Referrer Name: |  | Referrer Position: | |
| Practice Code: |  | Practice docman email: | |
| Practice Address: |  | | |
| Telephone: |  |  |  |