

GEEKY MEDICS

REFERRAL DOCUMENT

CONFIDENTIAL

URGENCY OF REFERRAL

URGENT SOON ROUTINE

REFERRAL TO

CONSULTANT/RECEIVING PRACTITIONER
AND/OR SPECIALTY CLINIC

Plastic Surgery and Burns Unit

HOSPITAL AND HOSPITAL ADDRESS

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

HOSPITAL UNIT NO.

1326448

EMAIL ADDRESS

plastics.gri@nhs.net

PATIENT DETAILS

TITLE

Mr

SEX

M

GENDER

D.O.B.

1 3 0 4 1 9 4 9

SURNAME

Smith

ADDRESS
& POSTCODE12 Daisy Street
Glasgow
G12 3AB

FORENAME(S)

John

PREVIOUS
SURNAMEPATIENT
ID NO.

1304499876

TELEPHONE

07123456789

TELEPHONE

0141 762 1234

NEXT OF KIN

Mrs Elaine Smith (Wife)
07244377124

EMAIL

smith.john@gmail.com

REGISTERED GP DETAILS

NAME

Dr Janet Jones

PRACTICE
ADDRESSHigh St Medical Practice
17 High Street
Glasgow
G12 7HY

PRACTICE CODE

21546

GP IDENTIFIER

15484

EMAIL

J.jones@nhs.net

TELEPHONE

0141 516 2138

FAX

0141 516 2139

REFERRING PRACTITIONER DETAILS

(IF DIFFERENT TO REGISTERED GP)

NAME AND/OR AGENCY	Dr Andrew Land
ADDRESS	High St Medical Practice 17 High Street Glasgow G12 7HY
TELEPHONE	0141 516 2125
FAX	0141 516 2139

HISTORY OF PRESENTING COMPLAINT, EXAMINATION FINDINGS AND INVESTIGATION RESULTS

Mr Smith presented today with a 3/52 history of a painful ulcerated lesion on his left external ear. Lesion is approx. 7mm in size at its widest point. Pt reports bleeding initially, however scar appears to have formed and discharge is not present. Lesion is raised slightly and appears to have an irregular border. Pt sleeps on his left side, causing possible irritation of the lesion and worsening discomfort. He has been advised to avoid this by changing his sleeping position.

Pt is a frequent golfer and worked outdoors in the landscaping trade for around 30 years. A diagnosis of Actinic Keratosis was made 7 years prior. This history combined with greater than average sun exposure makes a diagnosis of BCC most likely.

No investigations have been performed or requested.

REASON FOR REFERRAL

I would appreciate if Mr Smith could be assessed, the diagnosis of BCC confirmed and the lesion excised if possible.

Pt has been advised of this plan.

MANAGEMENT TO DATE

Pt has been advised to sleep on his right side to avoid irritation to the left ear.
No other management has been initiated.

PAST MEDICAL HISTORY

ACTIVE

2015 Osteoarthritis
2012 Stable Angina
2010 Type 2 Diabetes Mellitus
2010 Hypertension
2009 Community Acquired Pneumonia
2007 Actinic Keratosis

RESOLVED

2016 Gastric Ulcer
2003 Bronchiectasis

RELEVANT FAMILY HISTORY

Nil of note.

CURRENT AND RECENT MEDICATION

Aspirin	300mg	PRN
Omeprazole	20mg	Once Daily
Amlodipine	5mg	Once Daily
Glyceryl Trinitrate	1mg	PRN
Atorvastatin	20mg	Once Daily

No OTC preparations known and no drugs recently discontinued/changed.

CLINICAL WARNINGS AND RELEVANT RISK FACTORS

Allergy to Quinolones and Penicillin.

No BBVs known, nil risk factors present.

SMOKING STATUS

Never Smoked

NO. PER DAY

ALCOHOL CONSUMPTION

2-3 (Wine)

UNITS PER WEEK

SOCIAL HISTORY

Mr Smith lives in his own home with his wife.

ADDITIONAL RELEVANT INFORMATION

No patient transport or special access requirements.
Patient is aware of his likely diagnosis.

SIGNATURE OF REFERRING DOCTOR



DATE

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