Please refer to the Devon Formulary and Referral websites for helpful primary care information for management of referrals and up to date referral criteria.

 <http://northeast.devonformularyguidance.nhs.uk/> <http://southwest.devonformularyguidance.nhs.uk/>

**Referral:**  **Date of referral:**

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| **Patient Details:** *Please ensure this information is up to date.*  |
| Surname:        | Date of Birth:       |
| Forename(s):       | Gender:        | Ethnicity: |
| Address (inc postcode):       | NHS Number:       | UBRN      |
| Telephone Numbers:  | Tel No (Home):      | Tel No (work):      | Tel No (Mobile):      |
| Patient’s email address |       |  |
| **GP Details:** |
| Referring GP:       | Practice Address:       |
| Practice Name:       |
| Practice Tel No:       |
| Practice Email Address:        |

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| **Patient Information:** *Please answer the questions below* |
| Does your patient have needs that can be accommodated with reasonable adjustments: |       |
| Does your patient have a cognitive impairment e.g. learning disability, dementia? |       |
| Does your patient have a sensory impairment? |       |
| Does your patient have a physical impairment? |       |
| Name of Carer/Family Member/Friend (if applicable) |       |
| Is an interpreter required? If yes please state language |       |

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| **Referral for potential routine surgery *latest info available on Formulary and Referral website:*** [**N/E**](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/key-messages/in-shape-for-surgery) [**S/W**](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/key-messages/in-shape-for-surgery) |
| Do you expect this referral to result in routine surgery?  |  |
| Has patient been fully, or best, optimised for potential surgery as per medical markers below? |  |
| If not please provide detail below:      |
| Has patient previously been discharged solely for optimisation for this surgery? If yes, please include copy of discharge letter. |  |

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| **Referral Metrics: *These are helpful (but not mandatory) to support “In shape for surgery” for the agreed specialties/procedures*** | *Please include date of latest entry for metrics* |
| The following metrics should be within the last 3 months for routine surgery | *Patient not fully optimised if:* |
| Blood Pressure |       | *BP > 160/100mmHg* |
| Pulse |       | *AF rate >100* |
| Has patient been auscultated for heart murmur? |  | *---* |
| Has any murmur detected been investigated? |  | *Un-investigated murmur* |
| Haemoglobin |       | *Hb < 130g/L male or* *Hb < 120g/L female**(not related to chronic disease)* |
| Is patient diabetic? |       | *---* |
| Is patient at high risk of diabetes? (BMI ≥ 30) |  | *---* |
| HbA1c (if diabetic or high risk of diabetes) |       | *HbA1c > 69mmol/mol* |
|  |  | *Threshold for referral* |
| Smoking Status (required for New Devon CCG optimising referrals LES) |       | *---* |
| If smoker, has patient been advised that they should ideally be smoke free for 8 weeks prior to surgery? |  | *---* |
| Body Mass Index (BMI) (required for New Devon CCG optimising referrals LES) |       | *---* |

**Primary Reason for Referral:** *(an opening statement outlining the question the GP wishes to be answered).*

**Referral letter:** *(Include any advice or management plans, or attach physio/ESP referral letter)*

**Relevant Past Medical History:**

**Current Medication:**

**Allergies:** *(Medication or other adverse effects)*