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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | |

|  |  |
| --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **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. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)*