

Division of Integrated & Community Services

North Manchester Treatment Room Patient Letter

This service is for mobile patients registered with a North Manchester GP who are able to travel to the nearest clinic available.

Please give this referral form to the patient and request they ring booking and scheduling on 0161 778 2233 (Option 2) to book an appointment on the date required. Wards/day case units can also call this number to book follow up appointments prior to discharge.

<div style="border: 1px dashed black; border-radius: 15px; padding: 10px; width: 80%; margin: auto;"> Patient Label </div>	Patient Name	
	Date of Birth	
	Address	
GP Practice	NHS No.	
	Telephone No.	

Name of Referrer		Ward / Location	
Telephone No.		Date of Referral	
Preferred Clinic	Ancoats Cheetham	Cornerstones (Beswick) Harpurhey	Newton Heath

Reason for Referral	
Dressing / Wound Care	<input type="checkbox"/>
Details:	
Removal of Sutures / Clips	<input type="checkbox"/>
Date removal required _____	(obligatory field if above ticked)
Injection <input type="checkbox"/>	Self-Care Training for home use Clexane <input type="checkbox"/>
Catheter Care <input type="checkbox"/>	
Other: Please State	

Ear Care / Simple wax clearance		<input type="checkbox"/>
I confirm that I have undertaken an ear assessment prior to referral		<input type="checkbox"/>
I confirm that the patient has been advised to use olive oil / Earol prior to referral		<input type="checkbox"/>
I confirm that none of the exclusions apply :		<input type="checkbox"/>
<ul style="list-style-type: none"> - Foreign body which would swell during irrigation - Significant pain - Previous ear surgery - Infection last 6 weeks 	<ul style="list-style-type: none"> - Cleft palate - Perforation in the last year - Mastoids - Otitis Externa 	
Preferred Clinic	Ancoats	Clayton

Please ensure the patient is provided with a written authorisation signed by the prescriber for any medication the nurse may need to administer.

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January 2016