OneWelbeck Lung Health

OneWelbeck Lung Health Diagnostic Test Referral Form

Please complete all sections of the form. By completing this form, you confirm you have the consent required to share this information.

PATIENT DETAILS

TITLE: FORENAME(S): SURNAME:

DATE OF BIRTH: GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

RESIDENTIAL ADDRESS: POSTCODE:

TELEPHONE: MOBILE:

EMAIL:

PROCEDURE AND ENDOSCOPIST DETAILS

REFERRER NAME: ENDOSCOPIST:

REFERRER ADDRESS:

REASON FOR REFERRAL:

PROCEDURE(S):

☐ E5180 - Diagnostic bronchoscopy +/- biopsy

☐ E6310 - Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) for mediastinal masses2

☐ E5100 - Endobronchial ultrasound (as sole procedure)

INDICATION AND CLINICAL DETAILS FOR EXAMINATION:

SEDATION:

DATE & TIME OF PROCEDURE (if known): ESTIMATED PROCEDURE DURATION:

DRUG & MEDICAL HISTORY (tick yes if relevant)

				OTHER (PLEASE STATE):
ANTICOAGULANT/ANTIPLATELET:	☐ YES ☐ NO	RHEUMATOID ARTHRITIS:	☐ YES ☐ NO	
ASPIRIN	☐ YES ☐ NO	CARDIOVASCULAR PACEMAKER	☐ YES ☐ NO	
DIABETES - INSULIN / TABLET	☐ YES ☐ NO	RESPIRATORY	☐ YES ☐ NO	
ALLERGIES (PLEASE LIST IN OTHER)	☐ YES ☐ NO	ABILITY TO CONSENT	☐ YES ☐ NO	
INFECTIVE (E.G. HIV / TB / HEPATITIS) CJD RISK	☐ YES ☐ NO	MOBILITY PROBLEMS (Please specify)	☐ YES ☐ NO	

EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS: WHEELCHAIR ACCESS:

INTERPRETER REQUIRED: ☐ Yes, please confirm language:

OTHER: DIETARY REQUIREMENTS:

REFERRER DETAILS

GP/REFERRER NAME : GP/REFERRER PRACTICE :

GP/REFERRER CONTACT NUMBER: GP/REFERRER EMAIL:

PAYMENT DETAILS (IF KNOWN)

☐ Bill to Patient	☐ Bill to Insurer	☐ Bill to Embassy	☐ Bill to referrer
	INSURANCE COMPANY:	EMBASSY:	AGENCY NAME:
	MEMBERSHIP NO:	LETTER OF GUARANTEE: ☐ (Please attach)	
	AUTHORISATION CODE:		

NAME : SIGNED : DATE :

PROFESSIONAL REG NO:

Please attach the last clinic letter, any relevant test results and any additional documentation to this form and submit to us via one of the following:

E: bookings.lunghealth@onewelbeck.com **A:** OneWelbeck Lung Health, 1 Welbeck Street, London W1G 0AR **T:** +44 (0)20 3653 2006