OneWelbeck Surgery Centre

# Surgery Booking Form

Please complete all sections of the form. By completing this form, you confirm you have consent require to share this information.
Please submit to bookings.surgerycentre@onewelbeck.com.

## PATIENT DETAILS

| | | |
|---|---|---|
| TITLE: | FORENAME(S): | SURNAME: |
| DATE OF BIRTH: | GENDER: ☐MALE ☐ FEMALE ☐ OTHER | |
| RESIDENTIAL ADDRESS: | | POSTCODE: |
| TELEPHONE: | MOBILE: | |
| EMAIL: | | |

## REFERRAL DETAIL

**REFERRER NAME:**

PROCEDURE(S)
*Code*:

*Description*:

*Procedure Site*:

*Laterality*

☐Left ☐Right ☐Bilateral ☐N/A

☐SEDATION ☐L/A ☐GA ☐REGIONAL BLOCK ☐OTHER:

ANAESTHESIST:

DATE: ADMISSION TIME: PROCEDURE TIME:

ESTIMATED PROCEDURE DURATION:

EQUIPMENT REQUIRED:

Imaging required in Theatre ☐Yes ☐No

Take home medication confirmed and provided: ☐Yes ☐No

## DRUG & MEDCIAL HISTORY *(tick yes if relevant)*

| | | | | | |
|---|---|---|---|---|---|
| ANTICOAGULANT/ANTIPLATELET | ☐Yes | ☐No | RHEUMATOID ARTHRITIS | ☐Yes | ☐No |
| ASPIRIN | ☐Yes | ☐No | CARDIOVASULAR PACEMAKER | ☐Yes | ☐No |
| DIABETES – INSULIN/TABLET | ☐Yes | ☐No | RESIRATORY | ☐Yes | ☐No |
| ALLERGIES | ☐Yes | ☐No | ABILITY TO CONSENT | ☐Yes | ☐No |
| INFECTIVE (HIV/TB/HEPATITIS) | ☐Yes | ☐No | MOBILITY PROBLEMS | ☐Yes | ☐No |

OTHER (PLEASE STATE):

## EXTRA REQUIREMENTS

WHEELCHAIR ACCESS ☐ DIETARY REQUIREMENTS ☐ YES- SPECIFY:

INTERPRETER REQUIRED: ☐ YES- SPECIFY:

## PAYMENT DETAILS (IF KNOWN)

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

NAME : SIGNED : DATE :

PROFESSIONAL REG NO:

**PLEASE NOTE – it is mandatory that we receive the last clinic letter and any relevant test results/additional documentation prior to admission. Bookings will not be accepted without the last clinic letter and admission times provided.**

**E:** bookings.surgery@onewelbeck.com **A:** OneWelbeck Surgery Centre, 1 Welbeck Street, London W1G 0AR **T:** +44 (0)20 3653 2003