OneWelbeck Women's Health

OneWelbeck Women's Health Patient Booking 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:

REFERRAL DETAIL

☐ Consultation with Gynaecology Consultant

INDICATION, MEDICAL HISTORY AND CLINICAL DETAILS (REQUIRED):

Tests/Procedures

☐ Diagnostic Ultrasound
☐ Ultrasound guided biopsy(ies)/pipelle
☐ Ultrasound guided drainage of fluid collection
☐ Hysteroscopy +/- biopsy/polypectomy
☐ Colposcopy
☐ Cystoscopy
☐ Smear
☐ Coil replacement/insertion/removal
☐ Urodynamic testing
☐ HyCoSy
☐ Saline Sonogram
☐ Bladder instillation
☐ DEXA
☐ Blood Tests (please specify):

Please complete the below for procedures:
KNOWN ALLERGIES:

BLOOD THINNING MEDICATION:

GP (OR OTHER REFERRER) DETAILS

GP/REFERRER NAME: GP/REFERRER PRACTICE:

GP/REFERRER CONTACT NUMBER: GP/REFERRER EMAIL:

PAYMENT DETAILS (IF KNOWN)

TYPE: Self-funding ☐ Insured ☐ Embassy ☐ Other (please complete below sections as appropriate)

INSURANCE COMPANY: MEMBERSHIP NO: AUTHORISATION CODE:

EMBASSY: LETTER OF GUARANTEE: ☐ Yes (please attach)

EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS: WHEELCHAIR ACCESS: ☐

INTERPRETER REQUIRED: ☐ Yes, please confirm language:

OTHER:

DECLARATION & FORM SUBMISSION

I authorise this patient to undergo the above procedure and I hereby prescribe the above listed bowel preparation.

NAME: SIGNED: DATE:

Please attach the last clinic letter, any relevant test results and any additional documentation to this form & submit to us via one of the following:
E: bookings.womenshealth@onewelbeck.com
A: Bookings, OneWelbeck Women's Health, 1 Welbeck Street London W1G 0AR
T: +44 (0)203 6532008