OneWelbeck Lung Health

OneWelbeck Lung Health Procedure request

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: ☐ Yes ☐ No

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

GP (OR OTHER REFERRER) DETAILS

GP/REFERRER NAME: GP/REFERRER PRACTICE:

GP/REFERRER CONTACT NUMBER: GP/REFERRER EMAIL:

DRUG & MEDICAL HISTORY *(tick yes if relevant)*

ANTICOAGULANT/ANTIPLATELET	☐ Yes ☐ No	RHEUMATOID ARTHRITIS	☐ Yes ☐ No	OTHER (PLEASE STATE):
ASPIRIN	☐ Yes ☐ No	CARDIOVASCULAR PACEMAKER	☐ Yes ☐ No ☐ 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 ☐ Yes ☐ No	MOBILITY PROBLEMS (Please specify)	☐ Yes ☐ No	

PAYMENT DETAILS

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: ALLERGIES:

OTHER: DIETARY REQUIREMENTS:

DECLARATION & FORM SUBMISSION

I authorise this patient to undergo the above procedure.

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.bronchoscopy@onewelbeck.com
A: Bookings, OneWelbeck Lung Health, 1 Welbeck Street London W1G 0AA
T: +44 (0) 20 3653 2005