

OneWelbeck Urology 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:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
RESIDENTIAL ADDRESS:	POSTCODE:	
TELEPHONE:	MOBILE:	
EMAIL:		

REFERRAL DETAIL

Consultation with Uroradiologist	<input type="checkbox"/> Consultation with Urology Consultant
Tests/Procedures	INDICATION, REASON FOR REFERRAL, MEDICAL HISTORY AND CLINICAL DETAILS (REQUIRED):
<input type="checkbox"/> US kidneys (US renal; NOT renal doppler) <input type="checkbox"/> US urinary tract (US renal tract; US kidneys and bladder) <input type="checkbox"/> US urinary tract and flow rate (USUD) <input type="checkbox"/> US bladder <input type="checkbox"/> US bladder and flow rate (USCD) <input type="checkbox"/> US transrectal prostate; TRUS <input type="checkbox"/> US testes (US scrotum) <input type="checkbox"/> US penis (NOT penile doppler with Caverject) <input type="checkbox"/> US abdomen <input type="checkbox"/> US abdomen and pelvis <input type="checkbox"/> US gallbladder <input type="checkbox"/> US aorta Other, please provide details:	Please complete the below for tests/procedures: KNOWN ALLERGIES: BLOOD THINNING MEDICATION:

EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS:	WHEELCHAIR ACCESS:
INTERPRETER REQUIRED: <input type="checkbox"/> YES- SPECIFY:	
OTHER:	

REFERRER DETAILS

GP/REFERRER NAME :	GP/REFERRER PRACTICE :
GP/REFERRER CONTACT NUMBER:	GP/REFERRER EMAIL:

PAYMENT DETAILS (IF KNOWN)

<input type="checkbox"/> Bill to Patient	<input type="checkbox"/> Bill to Insurer INSURANCE COMPANY: MEMBERSHIP NO: AUTHORISATION CODE:	<input type="checkbox"/> Bill to Embassy EMBASSY: LETTER OF GUARANTEE: <input type="checkbox"/> (Please attach)	<input type="checkbox"/> Bill to referrer AGENCY NAME:
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.menshealth@onewelbeck.com **A:** OneWelbeck Men's Health, 1 Welbeck Street, London W1G 0AR **T:** +44 (0)20 3653 2042