

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:

DATE OF BIRTH:		GEN	GENDER: Male Female Other:			
RESIDENTIAL ADDRESS:				POSTCODE:		
TELEPHONE:			MOBILE:			
EMAIL:						
	PROCI	EDURE AND ENDOSCO	PIST DETAILS			
REFERRER NAME:			ENDOSCOPIST:			
REFERRER ADDRESS:						
REASON FOR REFERRAL:						
PROCEDURE(S):						
☐ E5180 - Diagnostic bronchoscopy +/- b	INDIC	INDICATION AND CLINICAL DETAILS FOR EXAMINATION:				
☐ E6310 - Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) for mediastinal masses2						
☐ E5100 - Endobronchial ultrasound (as s	sole procedure)					
SEDATION: Yes No						
DATE & TIME OF PROCEDURE (if known): ESTIMATED PROCEDURE DURATION:						
	GP	(OR OTHER REFERRE	R) 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 ARTHR	RITIS Yes	No OTHER (PLEA	ASE STATE):	
ASPIRIN	☐ Yes ☐ No	CARDIOVASCULAR PACEMAKER	☐ Yes ☐ ☐ Yes ☐			
DIABETES - INSULIN / TABLET	☐ Yes ☐ No	RESPIRATORY	☐ Yes ☐	No		
ALLERGIES (PLEASE LIST IN OTHER)	☐ Yes ☐ No	ABILITY TO CONSENT	Γ Yes [No		
INFECTIVE (E.G. HIV / TB / HEPATITIS) CJD RISK	☐ Yes ☐ No ☐ Yes ☐ No	MOBILITY PROBLEMS (Please specify)	Yes [] No		
		PAYMENT DETAIL	LS			
TYPE: Self-funding Insured Embassy Other (please complete below sections as appropriate)						
INSURANCE COMPANY:		MEMBERSHIP NO:		AUTHC	RISATION CODE:	
MBASSY: LETTER OF GUAR			TEE: 🗌 Yes (plea	ise attach)		
		EXTRA REQUIREME	ENTS			
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:

A: Bookings, OneWelbeck Lung Health, 1 Welbeck Street London W1G 0AA

T: +44 (0) 20 3653 2005