

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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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
- 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: <input type="checkbox"/> Yes (please attach) | |

EXTRA REQUIREMENTS

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