

# OneWelbeck Women's Health Ultrasound Referral Form

Please complete all sections of the form and return to [bookings.womenshealth@onewelbeck.com](mailto:bookings.womenshealth@onewelbeck.com)

## PATIENT DETAILS

TITLE:	FORENAME(S):	SURNAME:
MRN:	DATE OF BIRTH:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
RESIDENTIAL ADDRESS:		POSTCODE:
TELEPHONE:	MOBILE:	
EMAIL:	REGISTERED AT ONEWELBECK? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

## REFERRAL DETAIL

<input type="checkbox"/> Transvaginal pelvic ultrasound scan <input type="checkbox"/> Transabdominal pelvic ultrasound scan <input type="checkbox"/> Abdominal ultrasound scan <input type="checkbox"/> HyCoSy <input type="checkbox"/> Other:	<b>DATE OF REQUEST:</b>  <b>CLINICAL DETAILS:</b>
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Preferred Consultant:

Has the patient previously tested positive for COVID-19 (Coronavirus)  
Within the last 10 days?

Yes  No

If yes; please provide a negative antigen test result or contact  
[bookings.womenshealth@onewelbeck.com](mailto:bookings.womenshealth@onewelbeck.com)

## REFERRER DETAILS

GP/REFERRER NAME:	PROFESSIONAL REG NO:
GP/REFERRER PRACTICE:	
GP/REFERRER CONTACT NUMBER:	GP/REFERRER EMAIL:
ADDRESS FOR REPORT:	

## PAYMENT DETAILS (IF KNOWN)

TYPE: Self-funding <input type="checkbox"/> Insured <input type="checkbox"/> Embassy <input type="checkbox"/> Other (please complete below sections as appropriate)		
INSURER:	AUTHORISATION CODE:	MEMBERSHIP NO:
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:	

By completing this form, you confirm you have the consent required to share this information.

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](mailto:bookings.womenshealth@onewelbeck.com)  
 A: Bookings, OneWelbeck Women's Health, 1 Welbeck Street London W1G 0AR  
 T: +44 (0)203 6532008