

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Ear, Nose & Throat (ENT) C5 TAY General Referral	—— Consultant / receiving practitioner and/or specialty clinic
Stracathro Hospital By Brechin DD9 7QA	—— Hospital and hospital address
	Hospital unit no. T312H
	Email address -
Urgency of referral	Routine

PATIENT DETAILS		Patient's address
Surname	REID	ROSSIE SECURE ACCOMMODATION SERVICE
Forename(s)	LEE	MONTROSE
Title	MR	DD10 9TW
Sex	Male	
Date of birth	10-May-1992	Contact number(s)
CHI no.	1005922055	Voice: 01674820204

REGISTERED GP DETAILS		Practice address
Name	Dr GA Kramer	LINKS HEALTH CENTRE
GMC code	3205066	MARINE AVENUE
GP code	76252	MONTROSE
Practice name	ANNAT BANK PRACTICE	
Practice code	13706	Contact number(s)
		Voice: 01674-673400

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr MJ Anderson	LINKS HEALTH CENTRE
GMC code	2593285	MARINE AVENUE
GP code	76066	MONTROSE
Practice name	ANNAT BANK PRACTICE	
Practice code	13706	Contact number(s)
		Voice: 01674-673400

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Recurrent Epistaxis - Ref by Dr Giles Ledlie

Comment: I would be very grateful if you could see this 16 year old with recurrent epistaxis. He was referred last year but did not attend an appointment in September 2008. He is now having self limiting bleeds every few days.

Many thanks for offering him a further appointment.

Yours sincerely

Dr Giles Ledlie
GMC No., 4646721

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Fracture of scaphoid	-	-	[YEAR OF EVENT 2002]	01-Jan-2002
Asthma	-	-	[MONTH AND YEAR OF EVENT 10/1992]	01-Oct-1992
Atopic dermatitis/eczema	-	-	[MONTH AND YEAR OF EVENT 10/1992]	01-Oct-1992

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
SALBUTAMOL cfc free inh 100micrograms/inhalation	02914002	200 dose inhaler	TWO PUFFS TO BE TAKEN WHEN RE [more]	-	12-Feb- 2009	-
CLENIL MODULITE cfc free inh 50micrograms/actuation	14173001	200 dose inhaler	TWO PUFFS TWICE DAILY	-	12-Feb- 2009	-
BUCCASTEM tabs 3mg	05163001	tablet(s)	ONE TABLET(S) TWICE DAILY WH [more]	-	31-Dec- 2008	-
CLENIL MODULITE cfc free inh 50micrograms/actuation	14173001	200 dose inhaler	TWO PUFFS TWICE DAILY	-	18-Dec- 2008	-

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day
? (not known)

Units per day
? (not known)

Additional relevant information**Administrative information**

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**