

Covering Islington

PAEDIATRIC PRIMARY CARE REFERRAL via iHUB or Email

PATIENT DETAILS:		GP Referrer:	
Child Name:		GP Name:	
NHS No:		Practice Name:	
Parent's/Carer's Full Names:		GP Address:	
DOB: M / F <input type="checkbox"/>			
Address (exact):			
Post Code:		Post Code:	
Telephone/Mobile:		GP Tel No:	
Is an Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>		GP Fax No:	
If yes, what language?			
Diagnosis: Asthma <input type="checkbox"/> Wheezy Conditions <input type="checkbox"/> Eczema <input type="checkbox"/> Constipation <input type="checkbox"/>			
Reason for Referral and Age Criteria: 3months-17years of age Assessment <input type="checkbox"/> Review of treatment <input type="checkbox"/> Medicine's management <input type="checkbox"/> Re-referral <input type="checkbox"/> Self- management plan <input type="checkbox"/> Other please specify _____ Nurse Practitioner Eczema Clinic Preferred <input type="checkbox"/>			
Child/ Family is known to social services Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Medication: (include printout if preferred)		Parents preference for contact: Telephone <input type="checkbox"/> Mobile text <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/>	
Allergies:		Must provide details:	
Parents preference for clinic visit: Northern Health Centre (Tuesday afternoon) <input type="checkbox"/> Bingfield Primary Care Centre (Monday Mornings) <input type="checkbox"/>			
Signature of referrer:		Date of referral:	Date seen:

Outcome of Review		Whittington Health to complete this section ONLY			
Tick box (√)		Comments	Tick box (√)		Comments
Discharged	<input type="checkbox"/>	i.e see Discharge notes	Review of treatment	<input type="checkbox"/>	
Referred back to GP	<input type="checkbox"/>		Change of medication	<input type="checkbox"/>	
Referred to secondary care	<input type="checkbox"/>		Change of management Plan	<input type="checkbox"/>	
Recommendations	<input type="checkbox"/>		Follow up	<input type="checkbox"/>	

Additional Information:
(EMIS Merge) Acute Problems Significant Drugs Medications Regular Allergies Last Consultation

Other Information:
Any additional Information (e.g. professional involvement and contact numbers)