

TIER TWO DERMATOLOGY
ECZEMA AND PSORIASIS CLINIC
REFERRAL FORM

Please email to Boston House, Wigan Health Centre: wwl-tr.tier2derm@nhs.net
Tel: 0300 707 1170

PATIENT DEMOGRAPHICS

Name

d.o.b.

Address

Tel.no:

NHS No

Patients GP

Address

Telephone No:

Fax No:

Referrer details if not GP:

CLINICAL INFORMATION

Date of Referral:

(This service accepts patients with a diagnosis of Eczema or Psoriasis ONLY)

DIAGNOSIS:

ALLERGIES:

CURRENT TREATMENT FOR PRESENTING CONDITION:

PAST TREATMENT FOR PRESENTING CONDITION – what, when and for how long; whether successful or not

PAST GENERAL MEDICAL HISTORY

CURRENT MEDICATION (other than that noted above)

OCCUPATION:

ANY OTHER RELEVANT INFORMATION: