

## TIER TWO DERMATOLOGY

### ECZEMA AND PSORIASIS CLINIC REFERRAL FORM

Please email to Boston House, Wigan Health Centre: [wwl-tr.tier2derm@nhs.net](mailto:wwl-tr.tier2derm@nhs.net)  
Tel: 01942 482230

#### 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: