

## Harefield two week wait clinic referral form

Fax to Dr Jaymin Morjaria, Harefield Hospital: **01895 828690** For queries telephone: 01895 828692

Please indicate the 'two week referral' date:

Date of referral:

Has the patient been notified of the referral? Y / N

Please confirm that you will forward/fax referral letter and imaging CD-ROM  $\Box$ 

Some of the tests may be requested before the initial appointment

Name:	GP details:
Address:	
DOD	
DOB:	
Gender: Male / female	
Hospital number:	
NHS number:	
Telephone number	
Home:	
nome.	
Mahila	
Mobile:	



Reason for referral:	Investigation details
	WHO performance status: Click to select option
	FEV1( % pred)
	FVC( % pred)
CXR findings:	Bloods (FBC/U&Es/ coag): (please fax or include)
Past medical history:	Is the patient on:
	Warfarin 🗌
Allergies:	Aspirin 🗌
	Rivaroxiban 🗌
	Fabigatrin 🗌
	Apixban 🗌
	Other anti-coagulants (please include below):
Current medications:	Dementia (special needs):