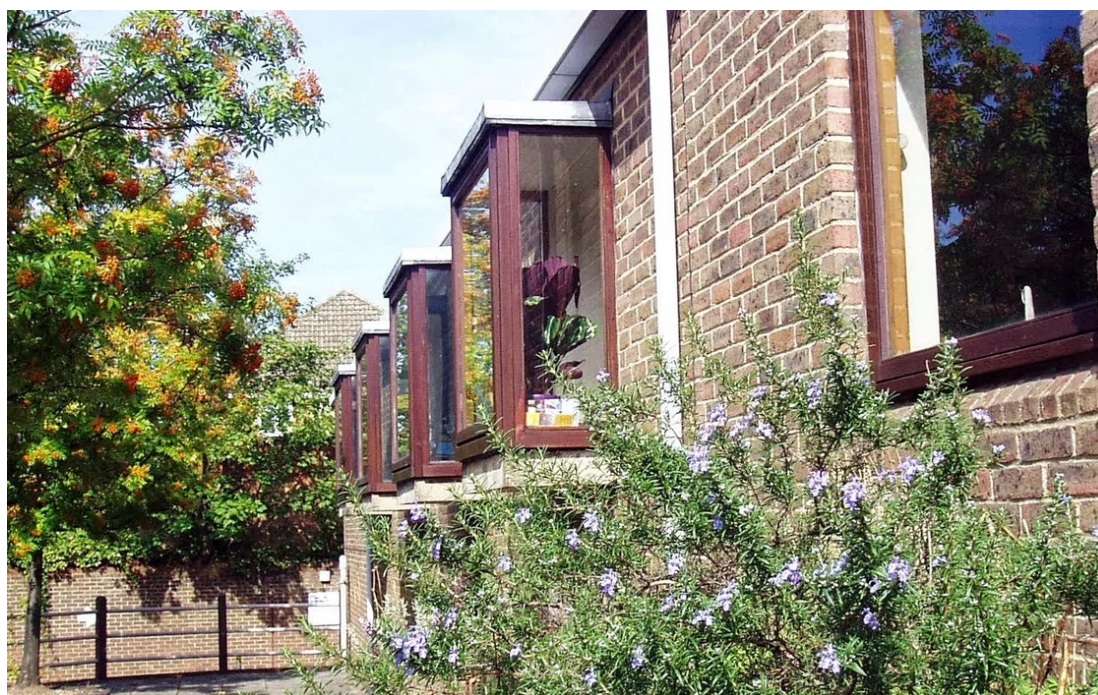


THE SPEEDWELL PRACTICE REFERRAL GUIDE

Pan-Barnet Version: July 2022



The Speedwell Practice
16 Torrington Park, London, N12 9SS

DISCLAIMER – PLEASE USE WITH CARE:

This guide was originally created with the intention of being used within the Speedwell Practice, therefore policies and methods of referral may differ depending on practice. Please check your practice’s policies prior to making referrals.

Please use in conjunction with the websites outlined on page 4 to ensure the correct pathways are followed and all required information is attached to referrals.

This guide was last updated on 14/07/22 and the information within it is accurate as of this date.

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INTRODUCTION

This guide will aim to outline and explain how to make referrals to common services in Barnet.

Please use the guide in conjunction with the below websites to ensure the correct referral pathways are followed and the correct information is attached to referrals.

Useful information:

- More detailed information on local services can be found here: <https://gps.northcentrallondonccg.nhs.uk/services>
- Information on local pathways e.g. how to act upon abnormal LFTs, can be found here: <https://gps.northcentrallondonccg.nhs.uk/pathways>

SOURCES FOR CLINICAL ADVICE

Clinical advice can be obtained in the following ways:

1. Barnet/Royal Free Hospitals
 - a. Phone the hospital switchboard (02082164600) and ask for the relevant speciality

2. Consultant Connect
 - a. This is a free phone app that allows you to directly speak to consultants in a variety of specialities for advice
 - b. Instructions on how to download the app can be found here:

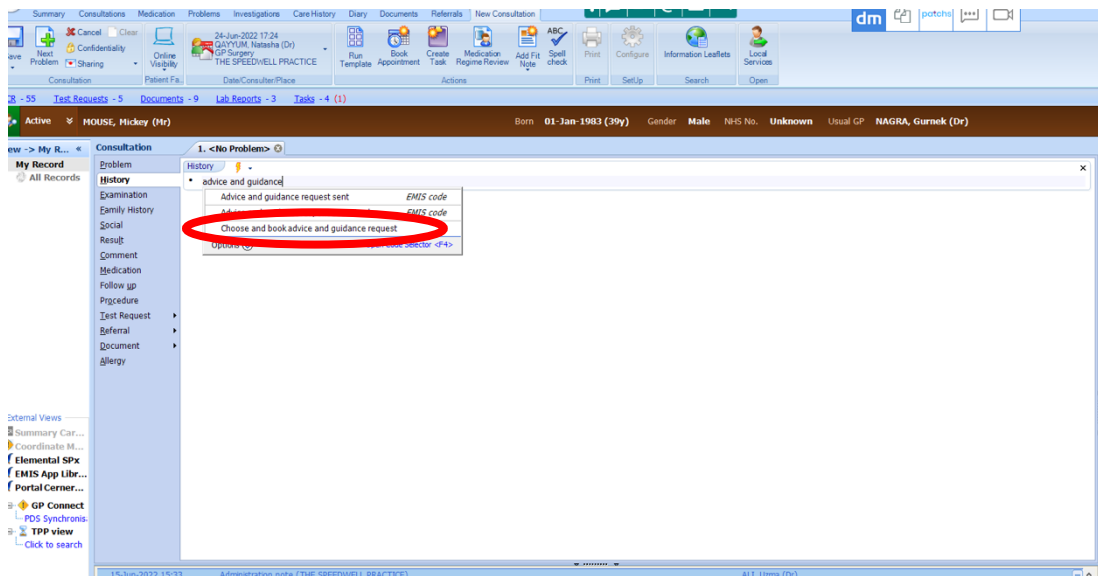


<https://www.consultantconnect.org.uk/wp-content/uploads/2019/05/App-for-Consulants-Start-Up-Guide-.pdf>

- c. Instructions on how to use the app can be found here:
<https://www.consultantconnect.org.uk/wp-content/uploads/2020/04/GP-Start-Up-Guide-.pdf>

3. Advice & Guidance

- a. In an open consultation, search for and select the following code: 'Choose and book advice and guidance request'



- b. Next open ERS and select the 'refer/advice' button

NHS e-Referral Service Help Alerts Qayyum, Natasha

Search By: NHS Number UBRN Demographics

NHS Number: 440 726 006

Name: [Redacted] Telephone: [Redacted] Address: [Redacted]
 NHS Number: [Redacted] Email: [Redacted]
 Date of Birth: [Redacted] Telephone: [Redacted]
 Age: [Redacted] Telephone: [Redacted]
 Gender: [Redacted] Telephone: [Redacted]

Update Patient

Patent Activity List - Displaying patient activity within the last 18 months only.

Show All Non-Activated Referrals

Last Refresh: 24 Jun 2022 15:08

[Refresh List](#) [Cancel](#) [View Activity](#)

- c. Change the request type to 'advice' and the priority to 'routine'.
- d. Select the relevant speciality, then change the clinic type to 'Not otherwise specified'. Then click the 'search all button'.

Service Search Criteria

Search By

Request Type: Advice Priority: Routine

Enter one or more of the following fields. Entering information in more than one row may reduce the services returned.

Clinical Term: [Redacted]
 Speciality: Cardiology Clinic Type: Not Otherwise Specified
 Named Clinician: [Redacted]

Refine Your Search With

Distance within: [Redacted] miles of: [Redacted] N12 BLD
 Indicative Wait Time Less Than: [Redacted] Days
 Organisation or Site Name: [Redacted]
 Age and Gender Appropriate Services Only:

Additional Options

Sort By: Distance

Referring Information

Initial Referring Clinician/Organisation: QAYYUM, Natasha | THE SPEEDWELL PRACTICE
 Commissioning Organisation: NHS NORTH CENTRAL LONDON CCG

[Cancel](#) [Add Additional Parameters](#) [View Activity](#) [Refresh List](#) [Search All](#)

- e. Select the relevant advice service. Usually 'advice only cardiology – Barnet/Chase Farm Hospitals'. Then select 'Request'

Service Selection

Displaying 30 of 100 matching services. Please refine your search criteria if you cannot find the services you require.

Group By: None

Request	Clinic	Service Name	Indicative Appointment Wait	Indicative Treatment Wait	Density Bookable	Referrer Alert	Link to NHS Choices	Location
<input checked="" type="radio"/>	3	Advice Only Cardiology - Barnet/ Chase Farm Hospitals - RAL	N/A	39 weeks	Yes			BARNET HOSPITAL
<input type="radio"/>	3	Cardiology Service ADVICE & GUIDANCE - Whitlington Hospital - RGE	N/A	30 weeks	N/A			THE WATKINSON HOSPITAL
<input type="radio"/>	4	Advice Only - Cardiology - Royal Free Hospital - RAL	N/A	30 weeks	N/A			ROYAL FREE HOSPITAL
<input type="radio"/>	4	Cardiology - General/North Middlesex UHT-RAP	62 Days	20 weeks	Yes			NORTH MIDDLESEX HOSPITAL
<input type="radio"/>	8	Cardiology - Advice Only UCLH - RRV	N/A	17 weeks	N/A			UNIVERSITY COLLEGE HOSPITAL
<input type="radio"/>	7	Advice & Guidance Cardiology - Cardiology (SEB) - Barnet Health NHS Trust - R1H	N/A	28 weeks	N/A			ST BARTHOLOMEWS HOSPITAL
<input type="radio"/>	7	Advice & Guidance Cardiology CVD Risk and Lipids Service - Barnet Health NHS Trust - R1H	N/A	28 weeks	N/A			ST BARTHOLOMEWS HOSPITAL
<input type="radio"/>	7	Advice & Guidance Cardiothoracic Surgery - Barnet Health NHS Trust - R1H	N/A	28 weeks	N/A			ST BARTHOLOMEWS HOSPITAL
<input type="radio"/>	7	Advice & Guidance - Complex EP & Cardiovascular Autonomic Disorders - Barnet Health NHS Trust - R1H	N/A	28 weeks	N/A			ST BARTHOLOMEWS HOSPITAL
<input type="radio"/>	7	Advice & Guidance Thoracic Surgery Cardiology - Barnet Health NHS Trust - R1H	N/A	28 weeks	N/A			ST BARTHOLOMEWS HOSPITAL
<input type="radio"/>	7	Cardiology - Adult Clinics - Whipps Cross - Barnet Health NHS Trust - R1H	200 Days	28 weeks	Yes			WHIPPS CROSS HOSPITAL
<input type="radio"/>	8	Adult General Cardiology Clinic - Royal Brompton and Harefield Foundation Trust - RT3	Limited Availability		Yes			ROYAL BROMPTON HOSPITAL
<input type="radio"/>	10	Cardiology Advice Service-Watford Outpatients Dept - West Herts Hospitals RAGD	N/A	34 weeks	N/A			WATFORD GENERAL HOSPITAL
<input type="radio"/>	10	Cardiology General Clinic - Newham - N2H - Barnet Health - R1H	200 Days	28 weeks	Yes			NEWHAM GENERAL HOSPITAL
<input type="radio"/>	10	Cardiology - Interventional Cardiology Clinic - @ Denmark Hill for King's College Hospital - R1Z	19 Days	32 weeks	Yes			KING'S COLLEGE HOSPITAL (DENMARK HILL)
<input type="radio"/>	11	Cardiology - General Adult Cardiology @ Queen Mary's Hospital - R1Z	60 Days	42 weeks	Yes			ST GEORGE'S AT QUEEN MARY'S HOSPITAL
<input type="radio"/>	12	Cardiology - Advice Only @ Lewisham Hospital for Lewisham & Greenwich Trust-R1Z	N/A	34 weeks	N/A			UNIVERSITY HOSPITAL LETCHWORTH
<input type="radio"/>	12	Cardiology - General - King George Hospital RFA - B1BLUT	Limited Availability	17 weeks	Yes			KING GEORGE HOSPITAL
<input type="radio"/>	13	Adult Cardiology Referral Assessment - Harefield Hospital - R1BT	N/A		N/A			HAREFIELD HOSPITAL
<input type="radio"/>	13	Cardiology - General Adult Cardiology @ St George's University Hospital - R1Z	Limited Availability	42 weeks	Yes			ST GEORGE'S HOSPITAL (TOOTNAG)
<input type="radio"/>	13	Cardiology - ICC, ICC, PCCC Assessment Service - NPPA @ St George's University Hospital - R1Z	60 Days	42 weeks	Yes			Telephone/Video
<input type="radio"/>	14	Cardiology St Margerite-Cardiology-Princess Alexandra Hospital-RCW	8 Days	46 weeks	Yes			ST MARGARET'S HOSPITAL
<input type="radio"/>	15	Cardiology - General - Queen's Hospital RFA - B1BLUT	Limited Availability	17 weeks	Yes			QUEEN'S HOSPITAL
<input type="radio"/>	15	Cardiology Heart-Cardiology-Princess Alexandra Hospital-RCW	60 Days	46 weeks	Yes			PRINCESS ALEXANDRA HOSPITAL

[Cancel](#) [Search Criteria](#) [Refresh List](#) [Request](#)

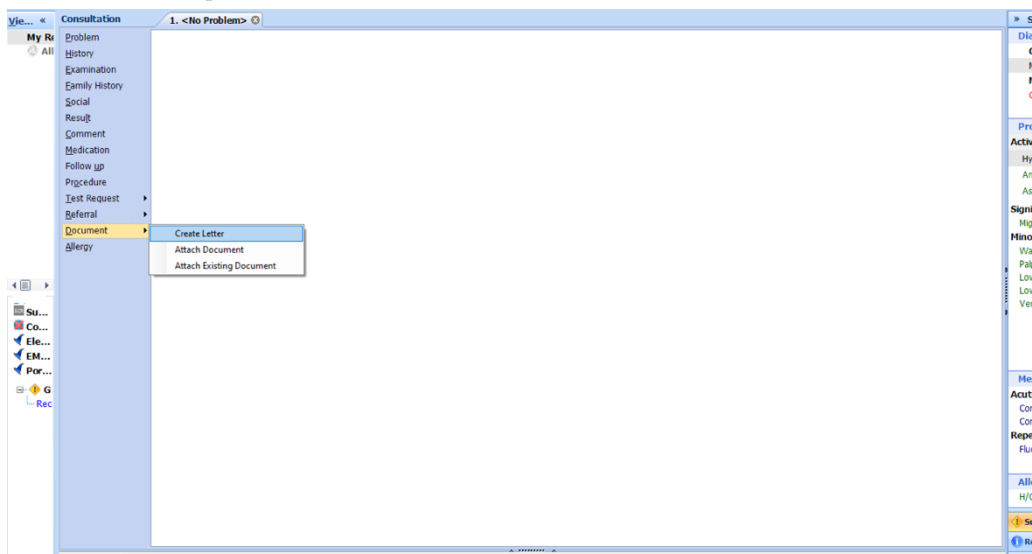
SAME DAY REFERRALS:

Barnet Hospital AEC:

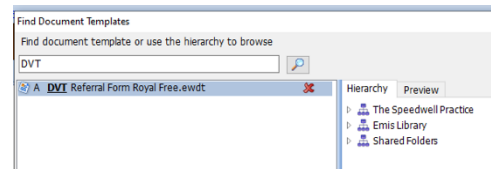
- To access phone 02082165048
- Services include:
 - Booking patients in for a clinical review, including same-day blood tests and scans
 - Booking same-day US doppler to exclude DVT or CTPA for PE
 - Discussing cases with the AEC consultant for advice

RFH DVT Pathway:

- In an open consultation select 'Document' then 'Create Letter'



- Click on the magnifying glass in the pop-up box
- Search 'DVT' and select 'DVT Referral Form Royal Free'
- Complete the form as below and e-mail to: rf-tr.vascularstudies@nhs.net
- Phone '02078302862' to confirm a same-day appointment



ROYALFREE
Vascular services

DVT INVESTIGATION REQUEST FORM

Complete and return this form to:
Vascular Studies Unit, Royal Free Hospital, Pond Street, London NW3 2QG
Tel: 020 7830 2862 Email: rf-tr.vascularstudies@nhs.net

Patient Surname: Mouse First name: Mickey
Address: 16 Torrington Park, Finchley, London, N12 9SS
Post code: N12 9SS Daytime contact number: 07309804484
NHS number: Not known, D.O.B: 01-Jan-1983

GP details:
QAYYUM, Natasha (Dr)
The Speedwell Practice, The Speedwell Practice, 16 Torrington Park, North Finchley,
London, N12 9SS

Which leg is DVT suspected in? (tick) Right Left

Adapted Wells (1997) clinical score:

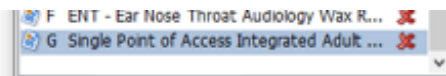
Immobilization	<input type="checkbox"/>	Swelling of entire leg	<input type="checkbox"/>
Recent major surgery	<input type="checkbox"/>	Calf swelling >3cm compared to other leg	<input type="checkbox"/>
Active cancer	<input type="checkbox"/>	Pitting oedema of one leg	<input type="checkbox"/>
Recent long journey	<input type="checkbox"/>	Acute large collateral veins	<input type="checkbox"/>
			Total =

Score one point for each one ticked
Is another diagnosis more likely? e.g. lymphoedema, cellulitis, superficial thrombophlebitis

If yes subtract 2 points Overall Total =

Rapid Response Team:

- The rapid response team are an admissions avoidance service
- They can review a patient at home within 24 hours
- This can include reviews for falls, blocked catheters, urinary retention and general decline
- To make the referral, in an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box and search 'single point'
- Select the form titled 'Single Point of Access Integrated Adult'
- Complete the form by selecting which service you want in the 'Urgent Care' section



SELECT COMMUNITY SERVICE REQUIRED - CHOOSE ONE SERVICE ONLY BELOW

Unplanned Care (WITHIN 24 HOURS)

Admission Avoidance services:
 Provision of prescribed treatments for diagnosed infections (Chest infection, UTI, cellulitis)
 Monitoring general decline whilst diagnosis reached
 Blocked catheters
 Constipation management
 Urinary retention management
 Post Falls support

Urgent medication administration:
 Insulin administration
 Tinzaparin

Planned Care (BEYOND 24 HOURS)

Palliative Care Provision services:
 Symptom management - urgent nursing intervention
 Equipment provision - urgent nursing intervention
 Is the person suspected to have days/weeks left to live? Yes No

EMAIL FULLY COMPLETED FORM TO BARNET COMMUNITY POINT OF ACCESS:
 Unplanned care: clcht.unplannedcarebarnet@nhs.net Planned care: clcht.plannedcarebarnet@nhs.net
 Telephone: 0300 020 0655

BARNET INTEGRATED ADULT COMMUNITY SERVICES SINGLE REFERRAL FORM
 Home Nursing services (for house-bound only) | Home Intermediate Care Therapy Services

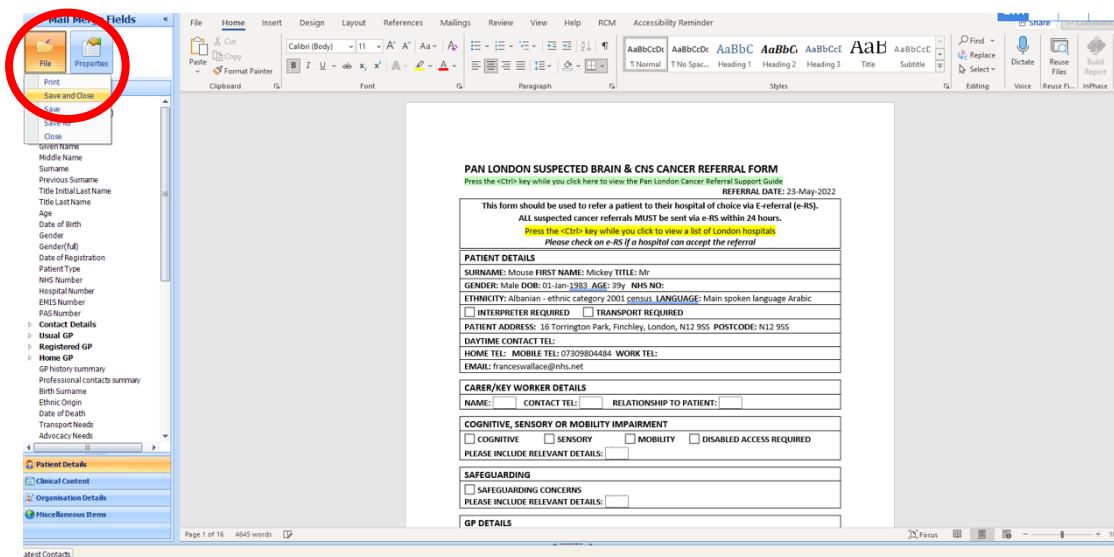
- E-mail your urgent referral to 'clcht.unplannedcarebarnet@nhs.net'

2-WEEK WAIT REFERRALS:

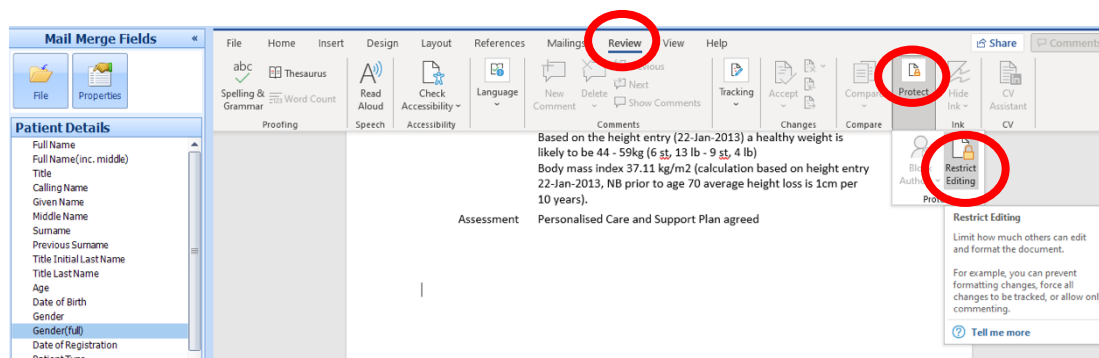
DISCLAIMER:

This guide was originally created with the intention to be used within the Speedwell Practice. Local policies regarding safety netting for 2WW referrals will differ depending on the practice.

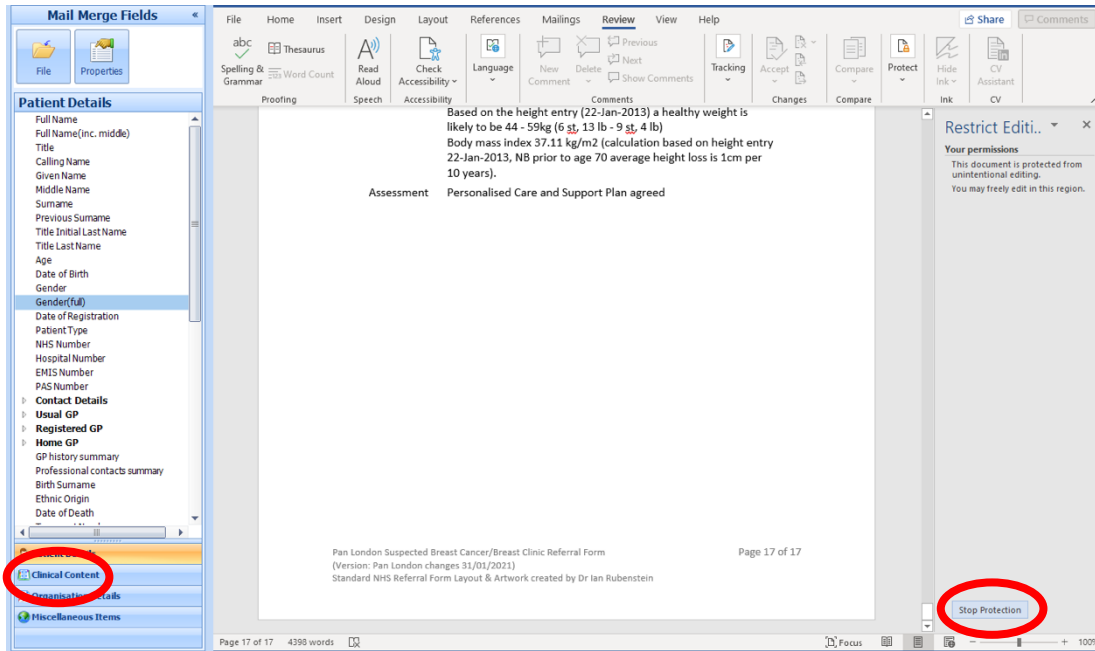
- In an open consultation, select 'Document' then 'Create New'.
- Click on the magnifying glass in the pop-up box
- Open the 'BAR Global Documents' folder and then the '2WW Cancer Referral Forms' folder
- Select the 2WW referral pathway of your choice
- Complete the form as below.



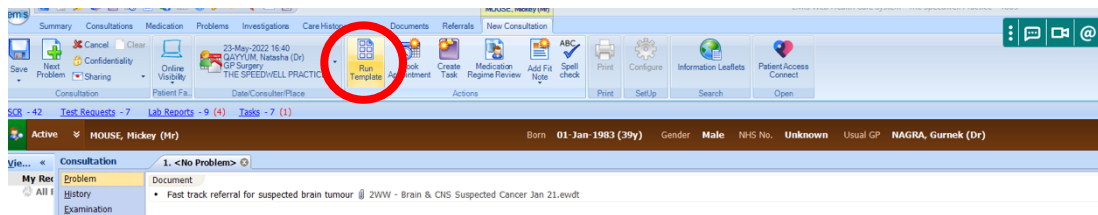
- If you need to attach investigations or consultations to the referral form, scroll to the bottom of the page. Then click on the 'review tab', followed by 'protect' and the 'restrict editing button'



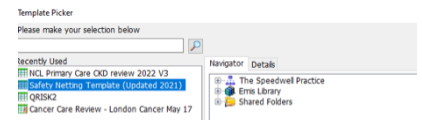
- Next click on 'stop protection'. You can now click on the 'clinical content' side bar and select which investigations and consultations you want to add

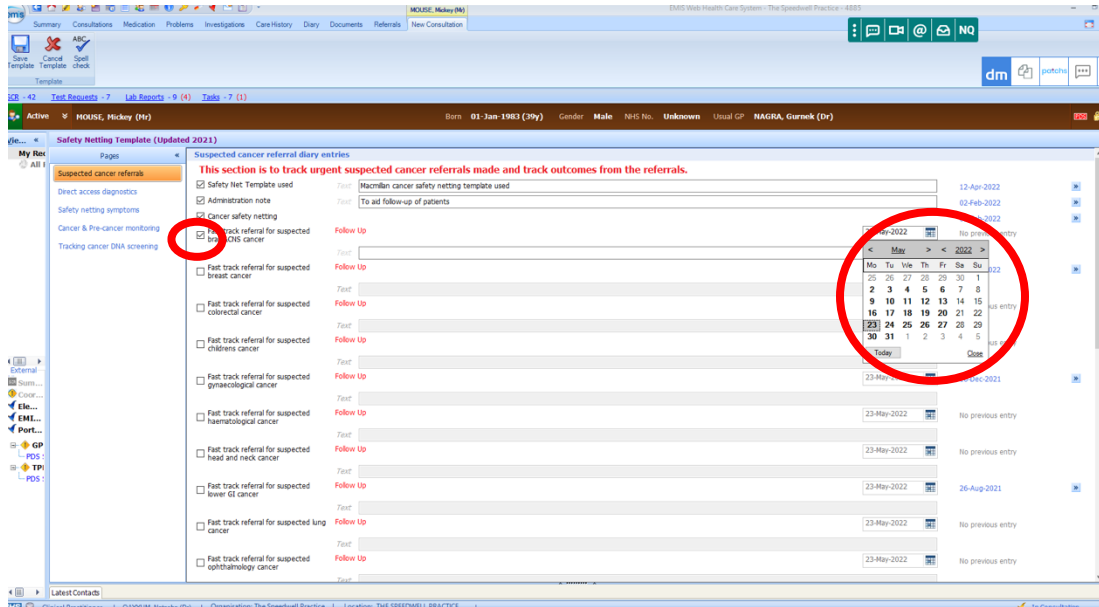


- Once you have completed the form click on 'file' and 'save and close.'
- Confirm the document has embedded into your consultation
- Next run the 2WW safety net template. To do this click on the template button as below:

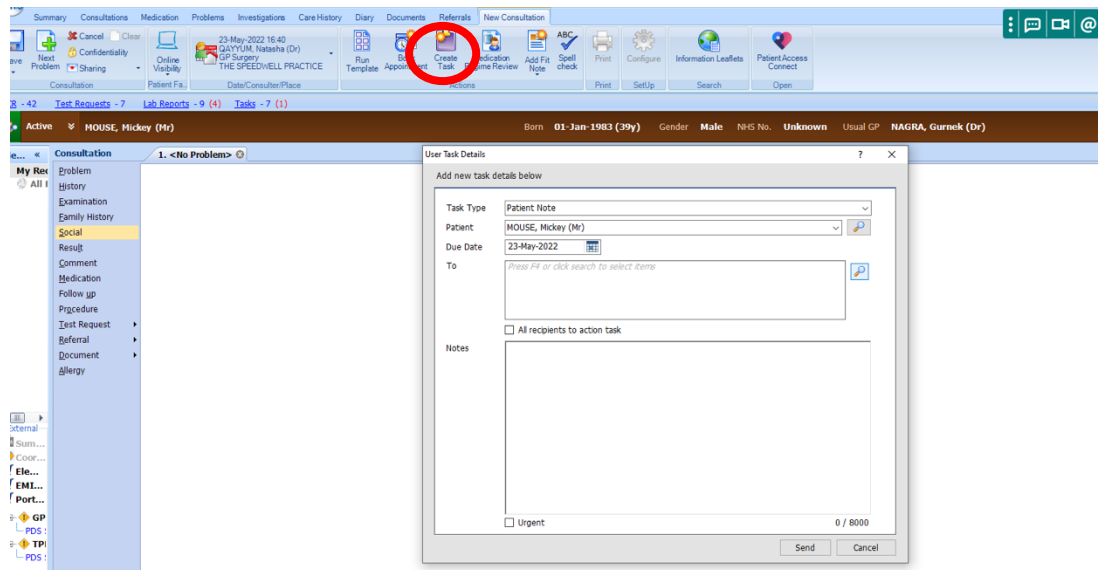
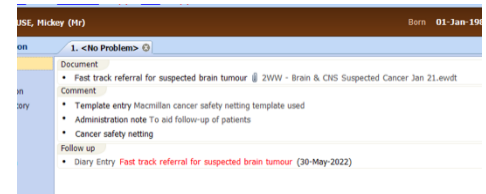


- Select 'Safety Netting Template' in the pop-up box
- Tick the 2WW pathway you have created, and set the safety review date to be two weeks in the future, as below:

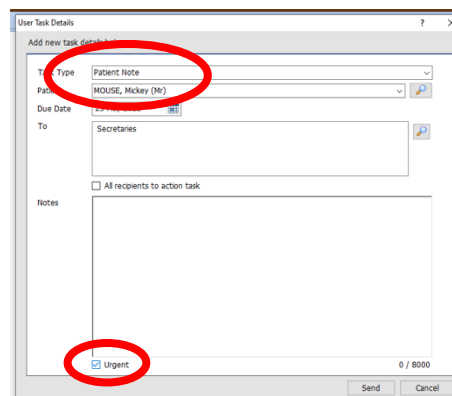




- Then click 'save template' in the top left-hand corner
- The safety netting template will embed into the consultation.
- Finally, either send an urgent task to the secretary team to create the ERS referral, or book the patient in to a time and date yourself through your own ERS log-in.
- To send an urgent task, select the 'create task' button in your open consultation



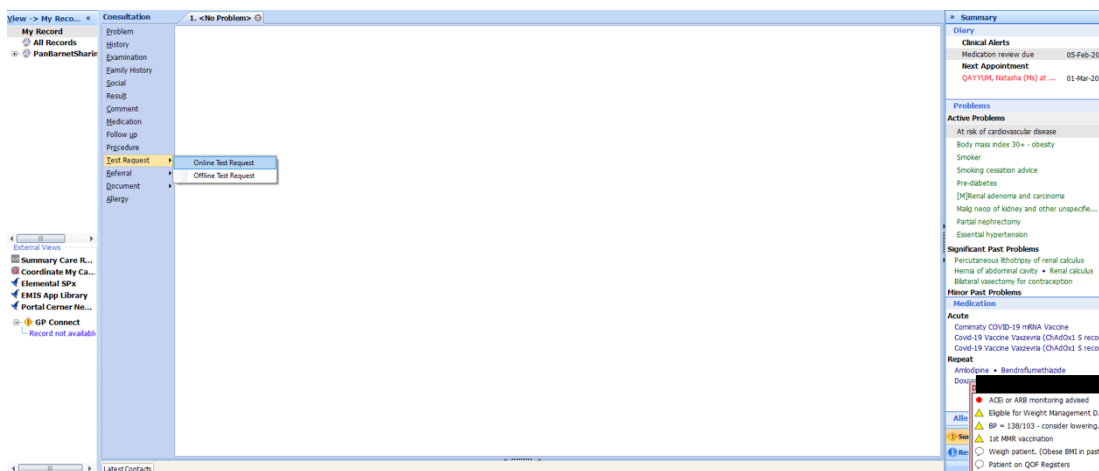
- In the pop-up box, ensure the task type is set to 'patient note' and the task is being set to the 'secretary team'
- Write what 2WW you would like to refer to in the 'notes' section
- Finally, click the 'urgent' box in the bottom left-hand corner and click 'send'



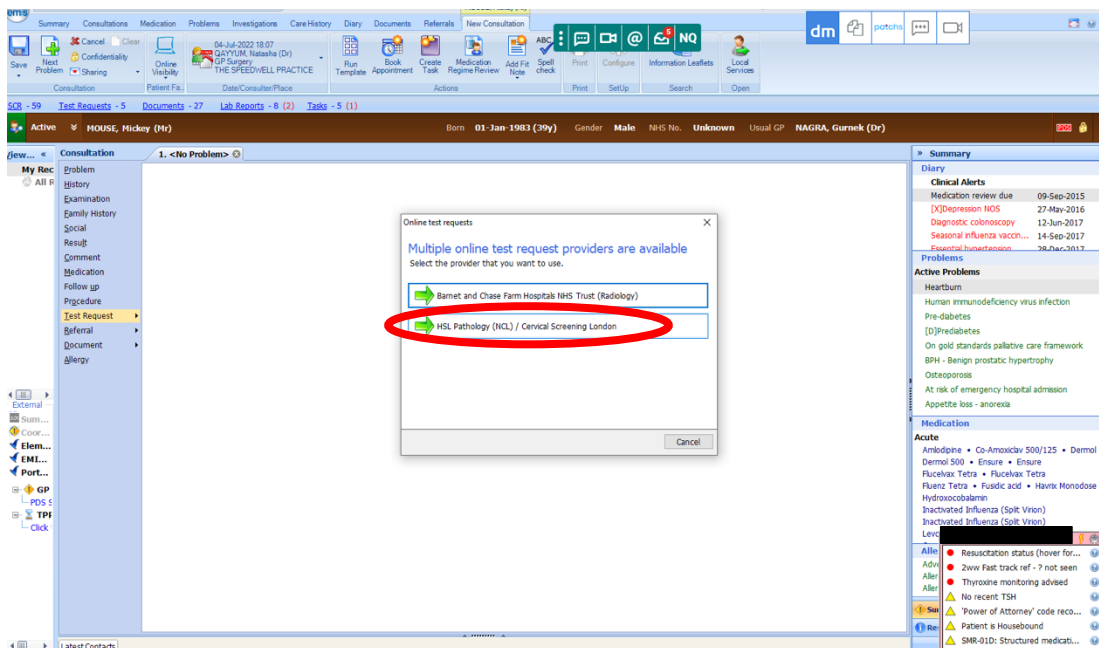
DIAGNOSTICS

Blood Tests:

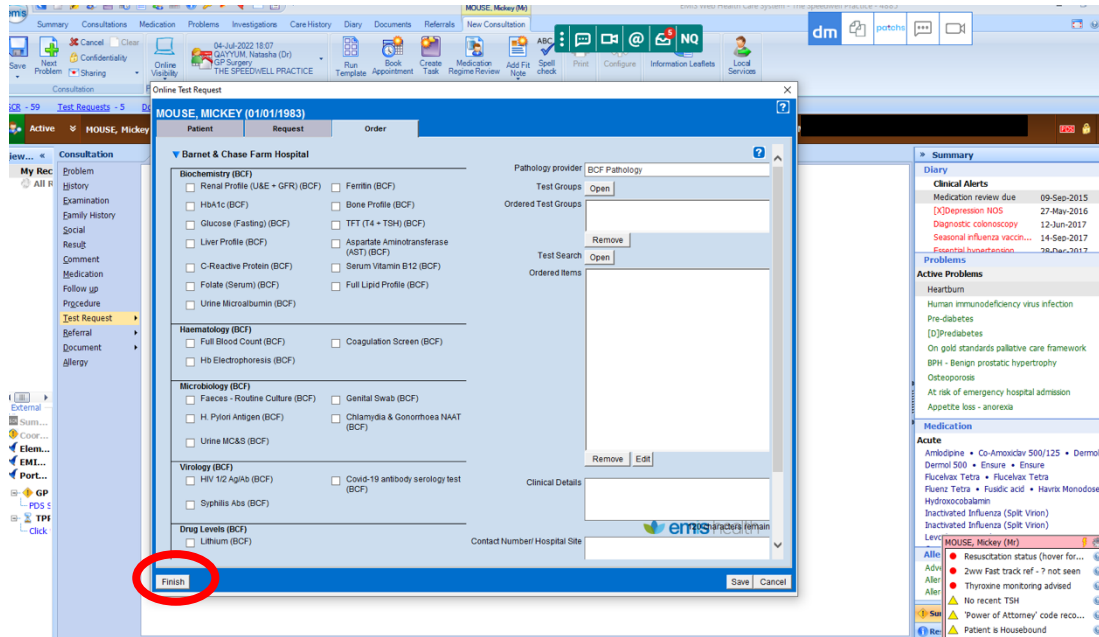
1. In an open consultation select 'test request' and then 'online test request'



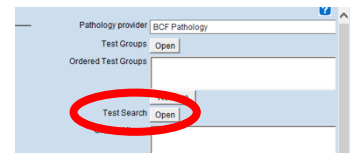
2. In the pop-up box select 'HSL Pathology (NCL)/Cervical Screening London'



3. Select the blood tests you want to request and fill in the clinical details
4. Click on 'FINISH' in the bottom left corner



5. Your blood test request will now print
 6. Hand this to the patient and ask them to book in to either Chase Farm, Barnet or Finchley Memorial hospital and hand in their request form
 - o NB – all children need to book into Barnet Hospital
- If the blood test you are looking for is not there, click 'open' next to 'text search' to see a wider selection

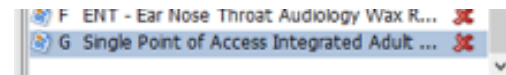


Blood Tests, Age <11 Years:

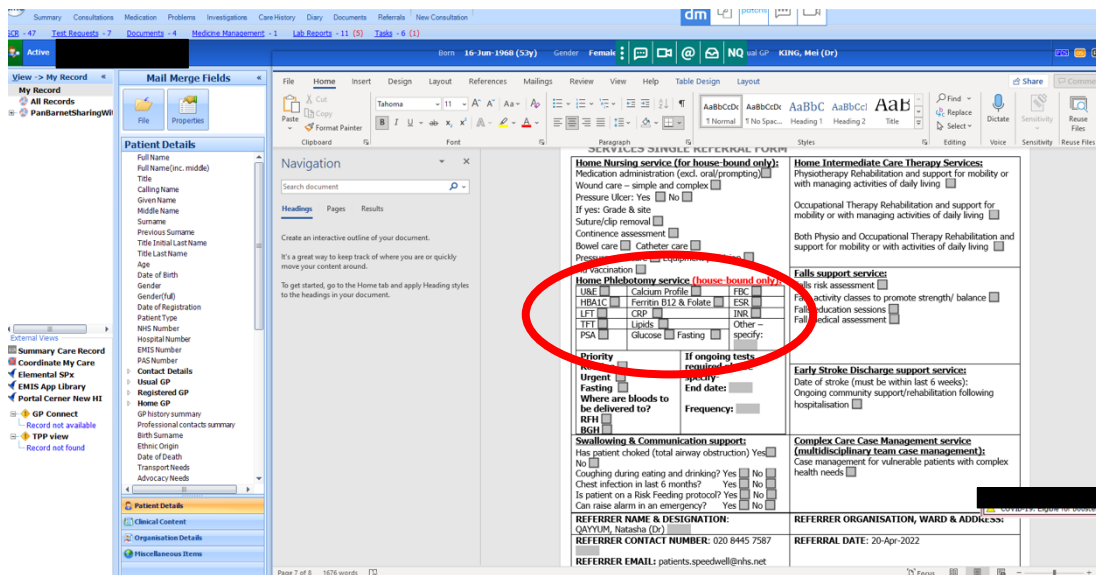
1. Request the relevant blood tests as above
2. E-mail Galaxy Ward at Barnet Hospital – rf-tr.galaxychildrensclinic@nhs.net
3. The hospital will book the patient an appointment and contact them

Home Phlebotomy:

1. Home phlebotomy is available for housebound patients
2. Select 'Document' then 'Create Letter' in an open consultation
3. Click on the magnifying glass and search 'single point'
4. Select the form entitled 'Single Point of Access Integrated Adult'



5. Complete the form by ticking the boxes next to the blood tests you want



6. E-mail the referral form to 'clcht.plannedcarebarnet@nhs.net'

Swabs:

1. Request swabs as above using 'online test request'
2. Select relevant tests and print off the forms
3. Take swab or ask patient to take swab > drop off sample to reception

SWAB GUIDE:

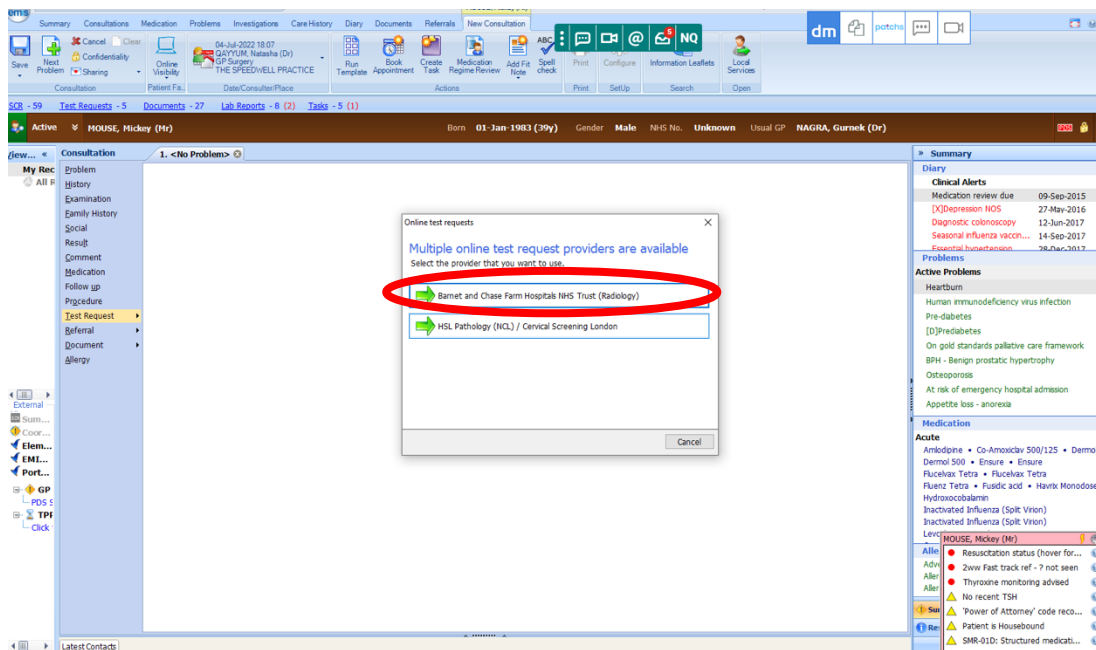
- **Blue top swab:** wound, throat, ear and standard genital BV/TV
- **Purple top swab:** chlamydia and gonorrhoea
- **Red top swab:** HSV

Semen Analysis:

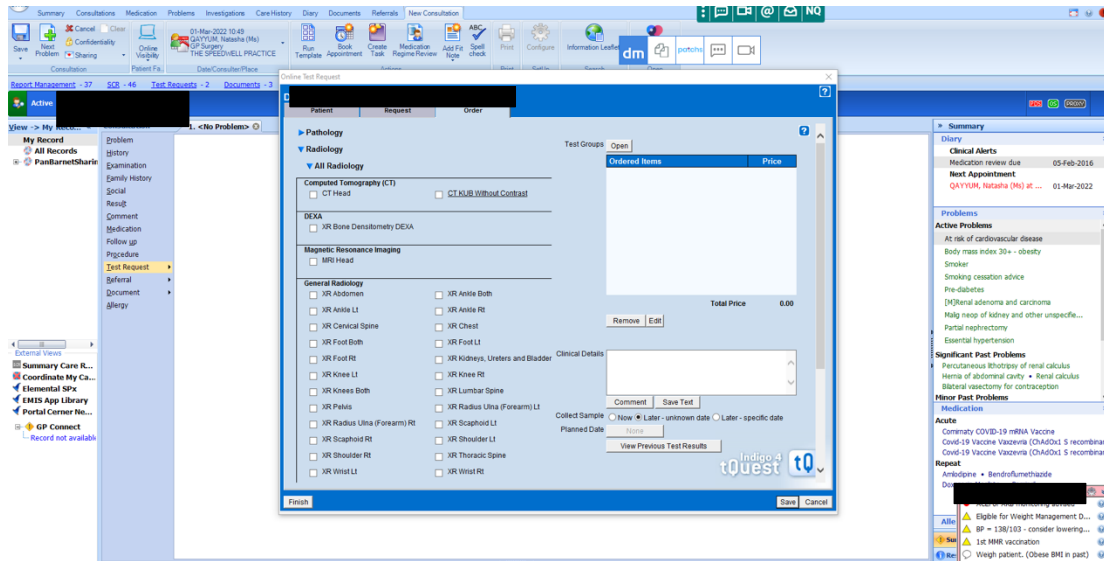
1. Request test as above using 'online test request'
2. Ask patient to make an appointment at Barnet Hospital by phoning 02039120366. Patient to drop sample to Barnet Hospital.

X-Rays, DEXA, CT & Ultrasound Scans:

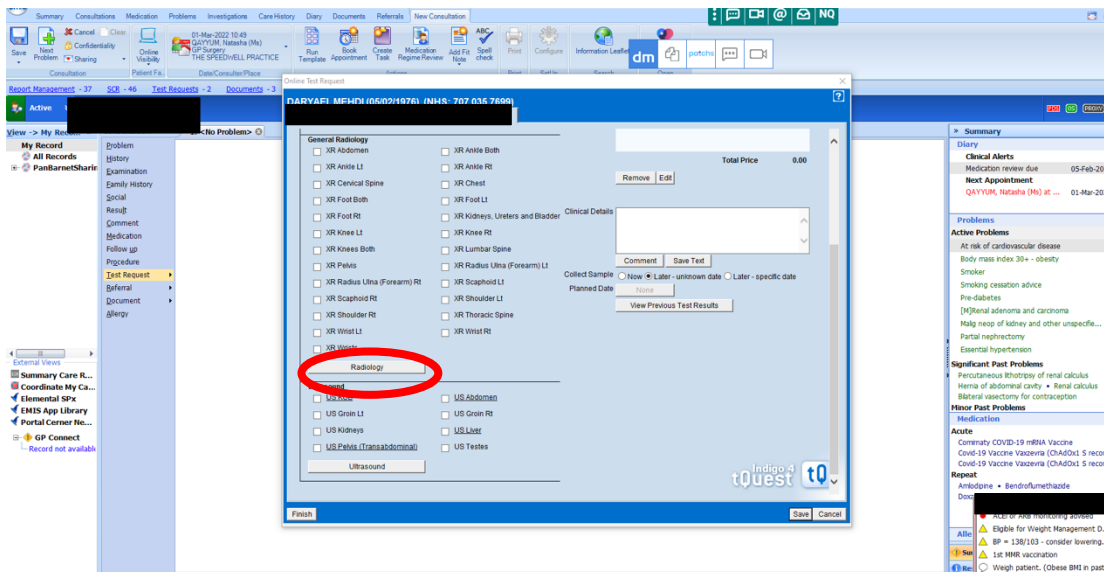
1. In an open consultation select 'test request' and then 'online test request'
2. In the pop up box select 'Barnet and Chase Farm Hospitals'

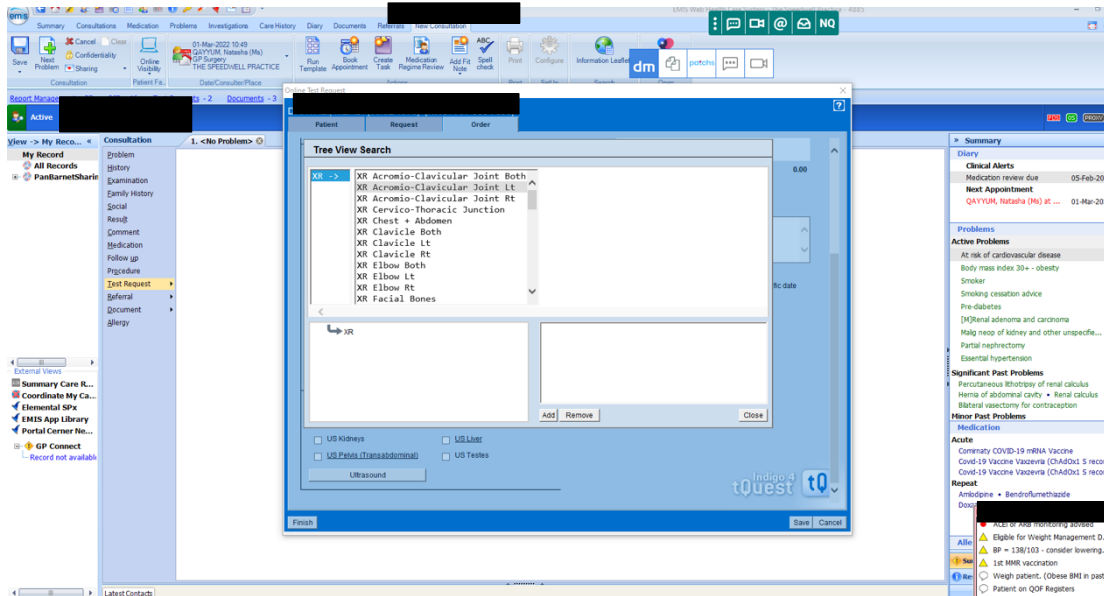


3. Select the relevant scan



4. If the scan is not visible click on the 'radiology' button to open a wider selection
5. CT scans available to request from general practice include:
 - CT KUB
 - CT Head

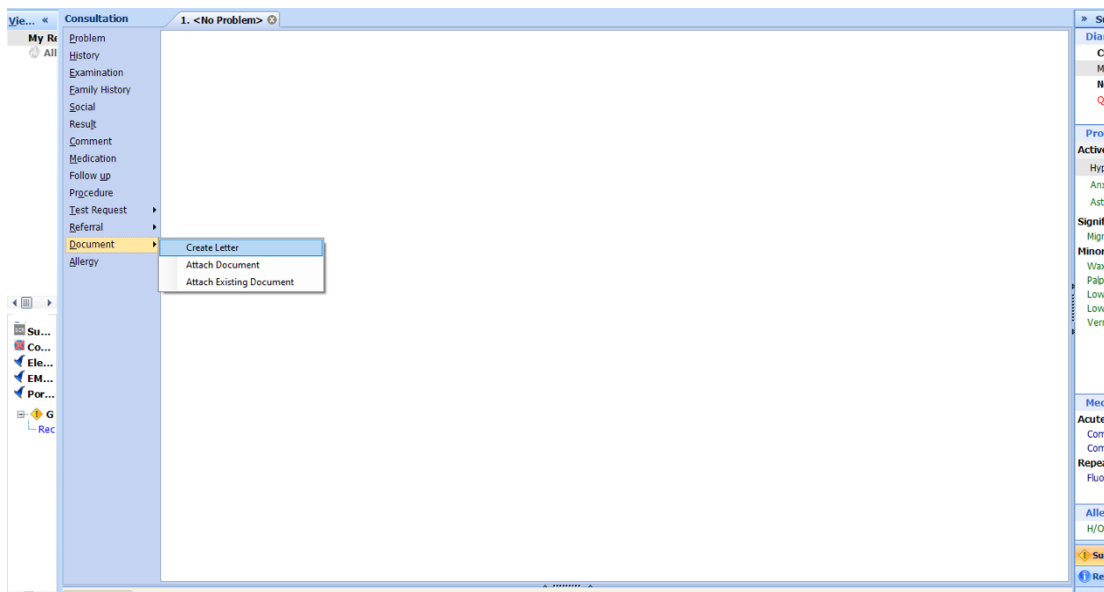




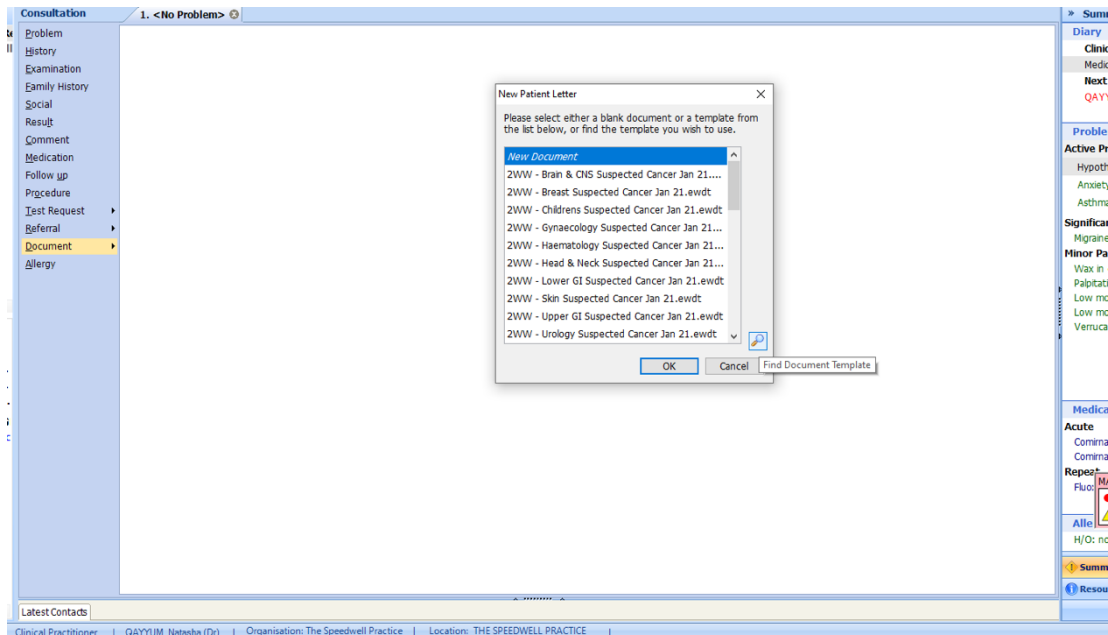
6. Click 'FINISH' on the bottom left hand corner
7. The request will print – you can dispose of this or hand it to the patient
8. The request is sent automatically to the radiology department and the patient will hear from the department directly – there is no need to e-mail anyone

MSK Ultrasound Scans:

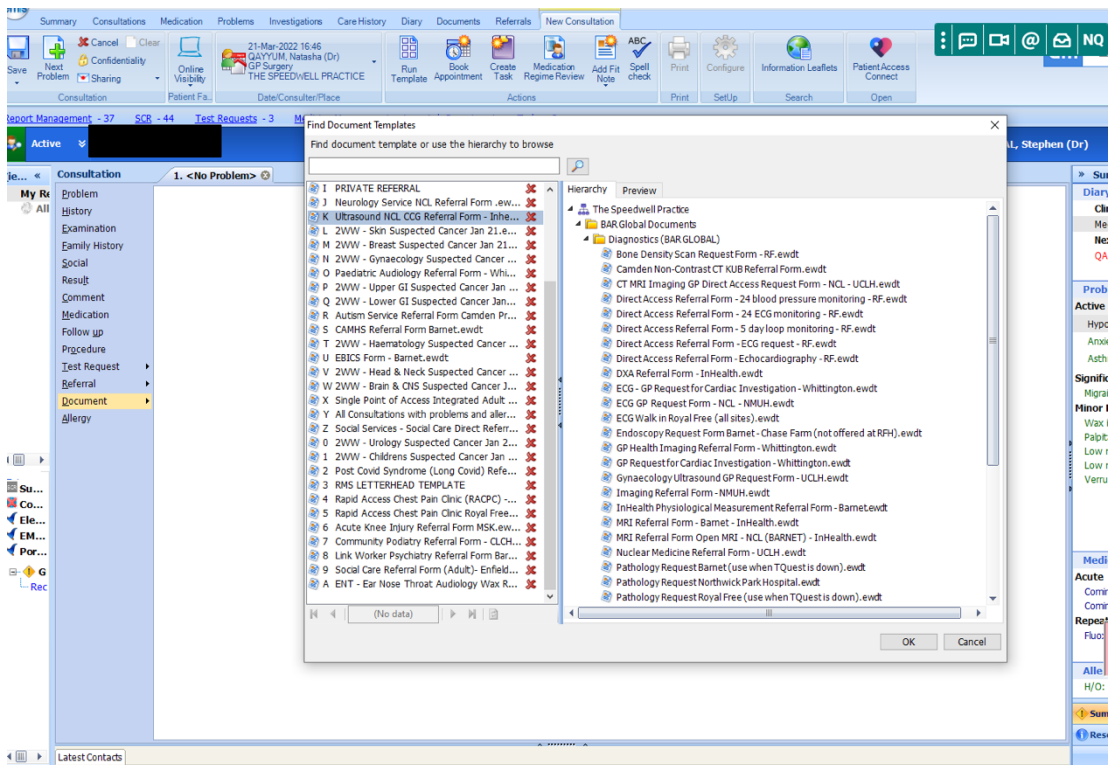
1. In an open consultation, select 'Document' then 'Create Letter'



2. Click on the magnifying glass on the pop-up box



3. Search for 'Ultrasound' and select 'Ultrasound NCL CCG Referral Form'

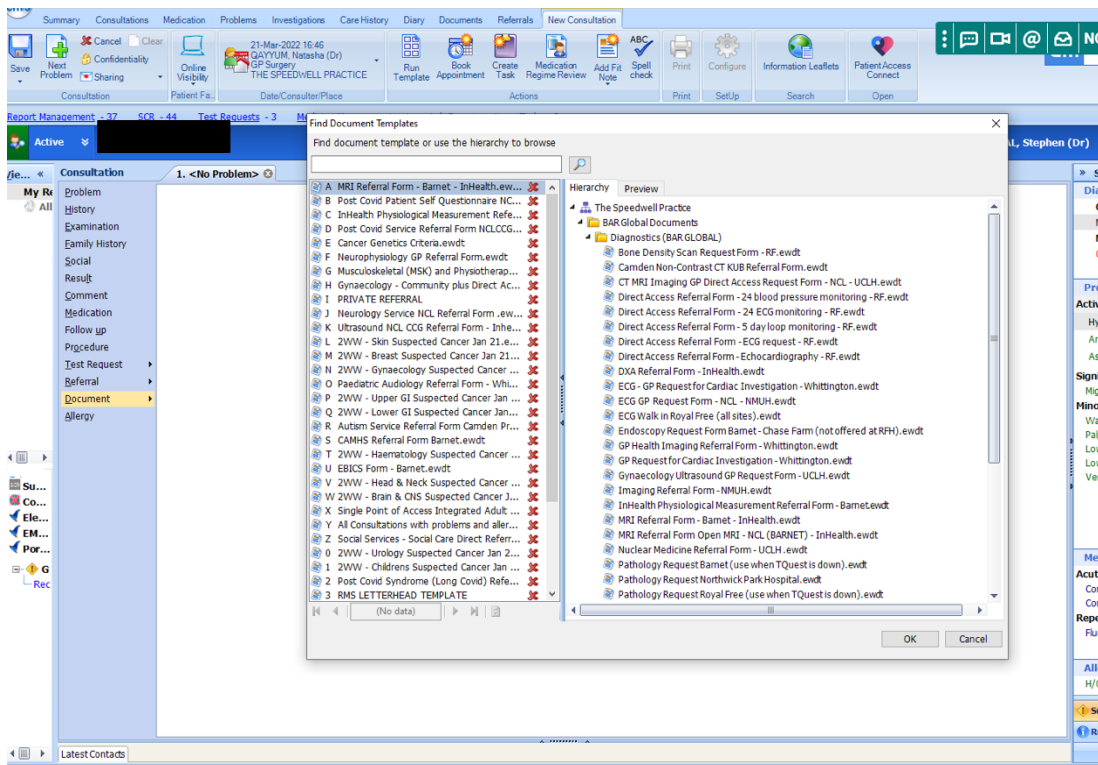


4. Fill in the details and e-mail the form to 'inl.inhealthreferrals@nhs.net'

MRI Scans:

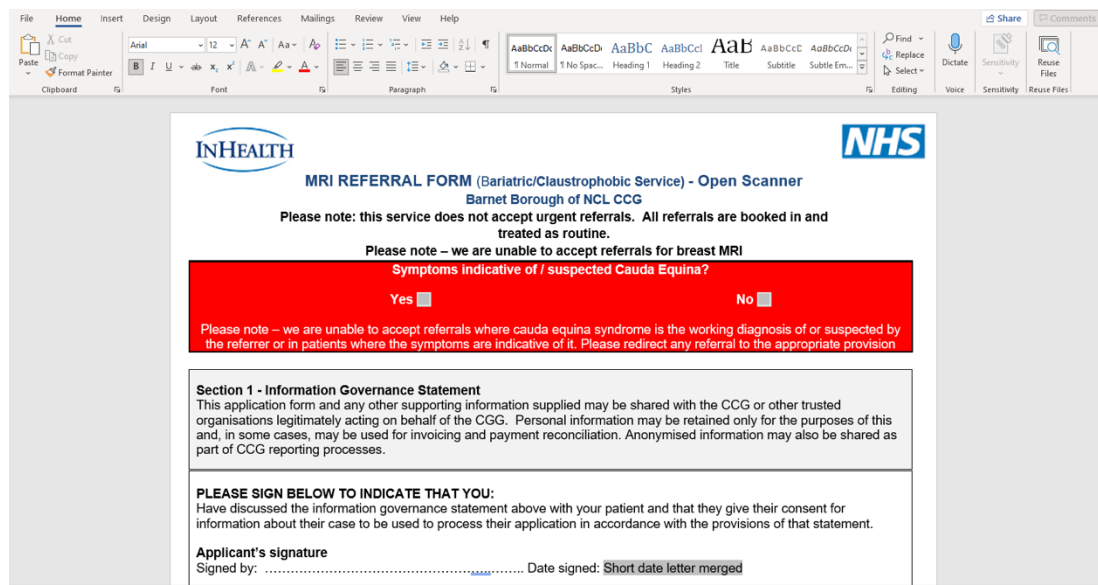
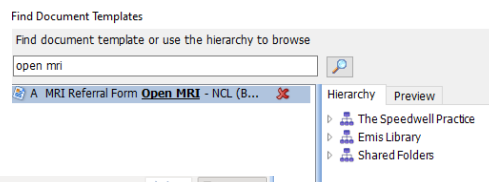
1. In an open consultation, select 'Document' then 'Create Letter'
2. Click on the magnifying glass on the pop-up box
3. Search for 'MRI' and select 'MRI referral form – Barnet'
4. Fill in the details and e-mail the form to 'barnet-routine.referrals@nhs.net'
5. The MRI scans available to request from general practice include:
 - a. MRI Head

b. MRI Cervical, Thoracic or Lumbar Spine



Open MRI Scans:

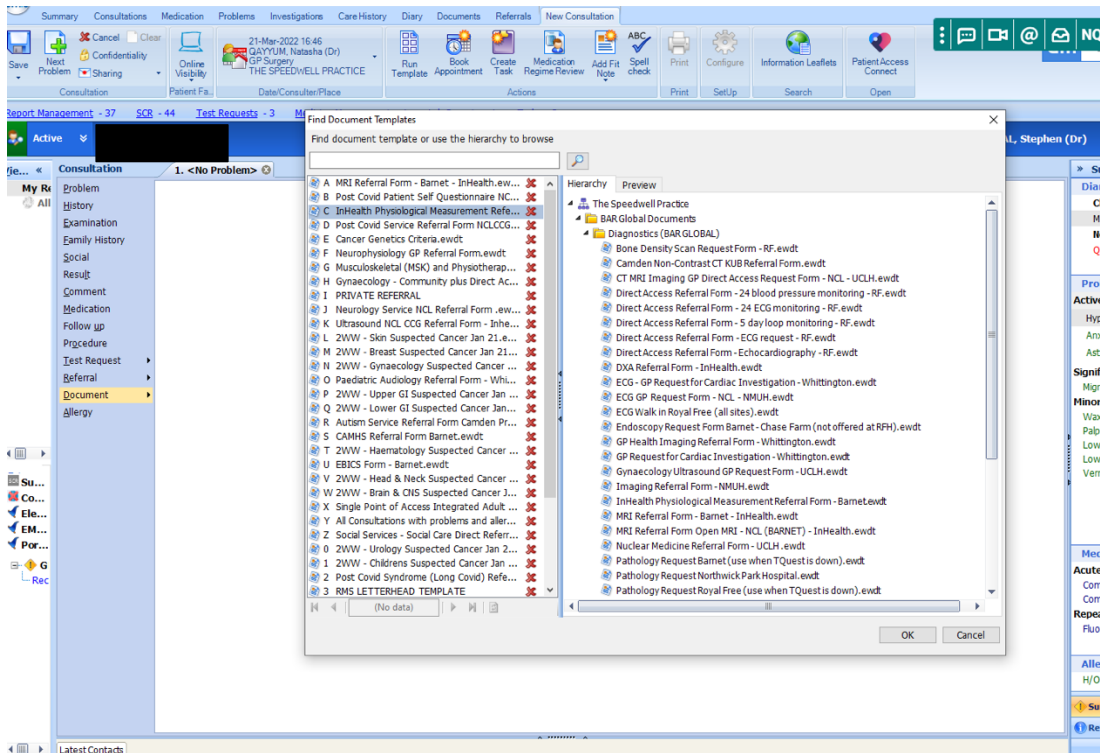
1. Open MRI scans can also be requested, search 'open MRI' and select 'MRI Referral Form Open MRI'
2. Complete the form as below and e-mail it to the e-mail address on the form



ECGs, ECHOs & 24h Tapes:

1. In an open consultation, select 'Document' then 'Create Letter'
2. Click on the magnifying glass on the pop-up box

3. Search for 'Physiological' and select 'Inhealth Physiological Measurement Form'

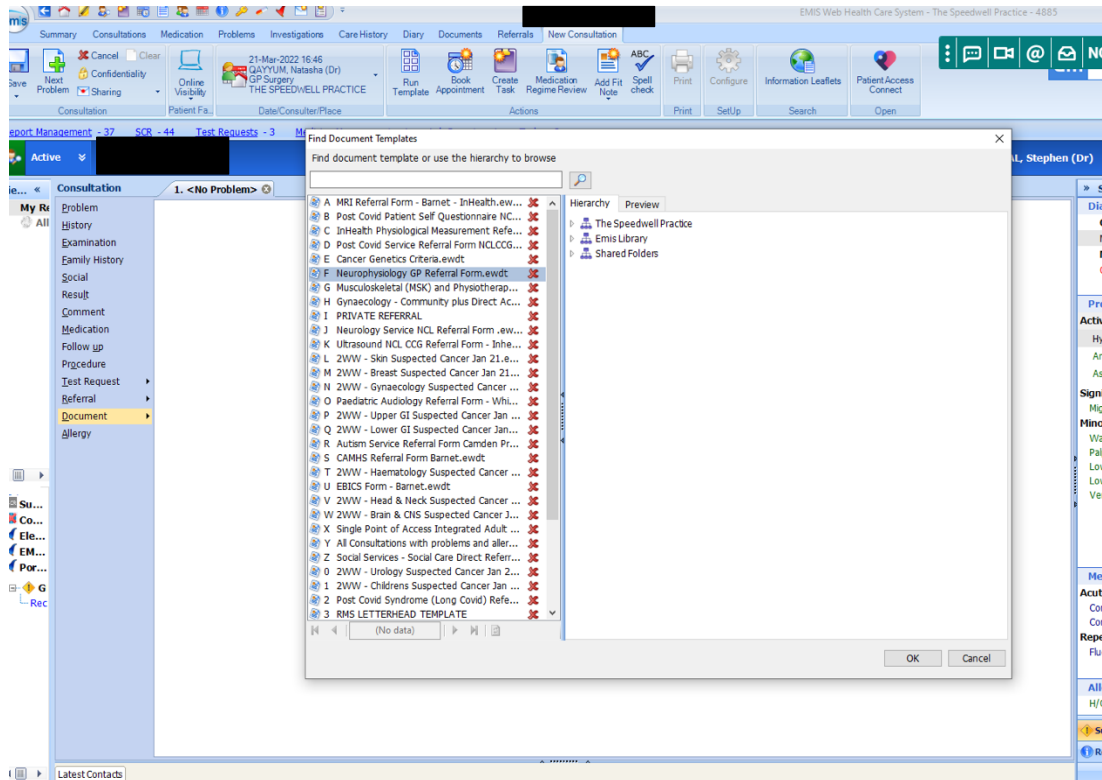


4. Fill in the details and e-mail the form, select which investigation you require and e-mail it to 'inl.inhealthreferrals@nhs.net'
5. Alternatively, 24h Holter and ECHO can be booked at Barnet Hospital through ERS.

Nerve Conduction Studies:

1. In an open consultation, select 'Document' then 'Create Letter'
2. Click on the magnifying glass on the pop-up box

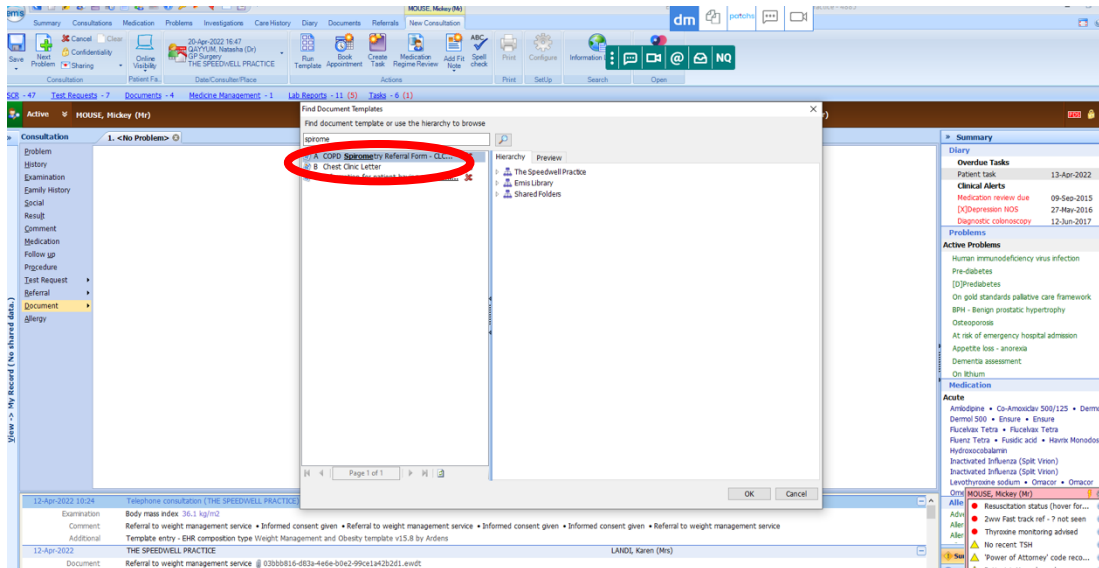
3. Search for 'Neurophysiology' and select 'Neurophysiology GP Referral Form'



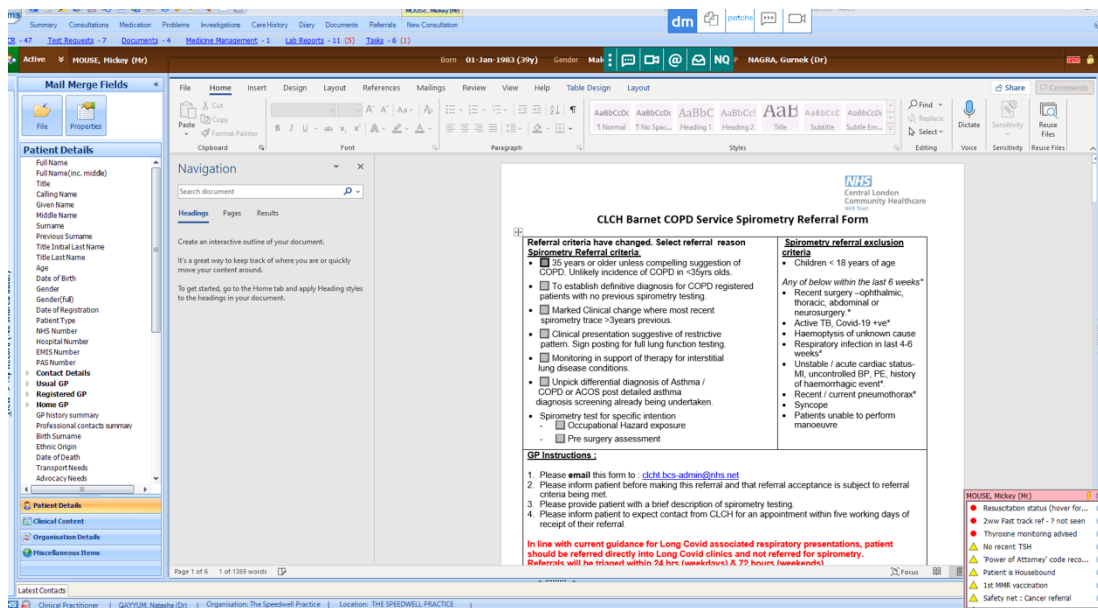
4. Fill in the details and e-mail the form and e-mail to the address on the form

Spirometry:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass on the pop-up box
3. Search for 'spirometry' and select 'COPD Spirometry Referral Form'



4. Fill in the form and e-mail to: clcht.bcs-admin@nhs.net



MEDICAL SERVICES

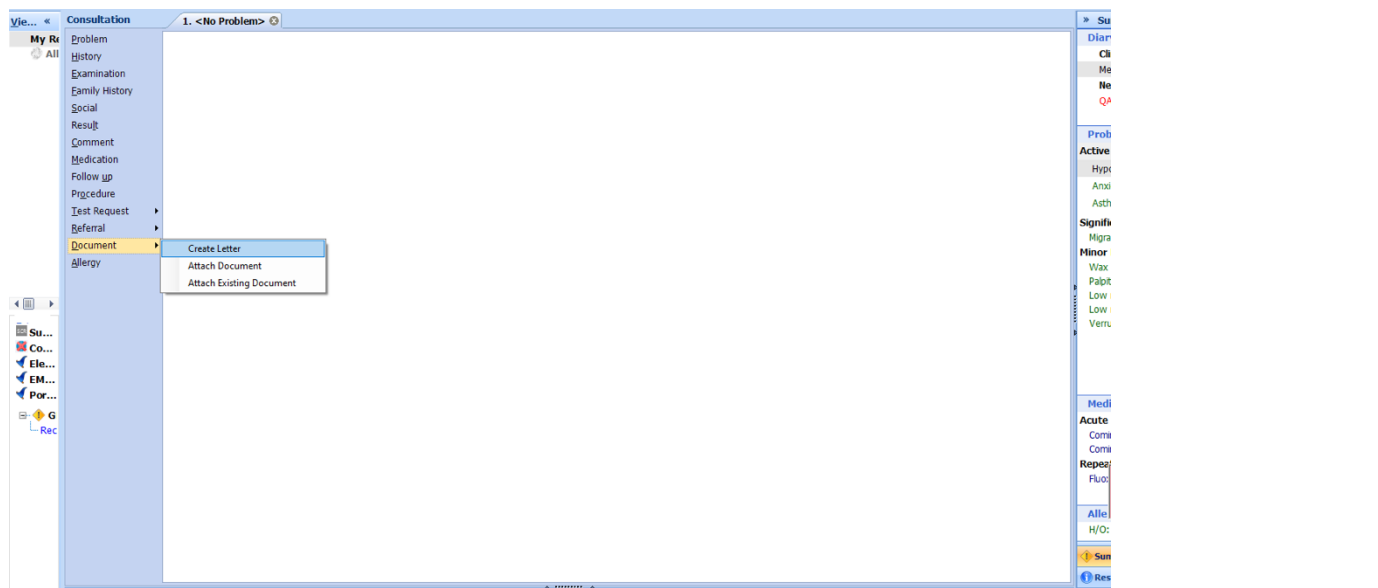
Contents:

1. Allergy
2. Cardiology
3. Care of the older person
4. COVID-19 related services
5. Dermatology
6. Diabetes
7. Endocrinology
8. Gastroenterology
9. Haematology
10. Neurology
11. Palliative care
12. Renal medicine
13. Respiratory medicine
14. Rheumatology
15. Sexual health

ALLERGY:

Allergy Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter and ensure all relevant investigations and consultations are embedded.
5. Attach relevant clinical letters to the e-mail and send it to: barnet-routine.referrals@nhs.net

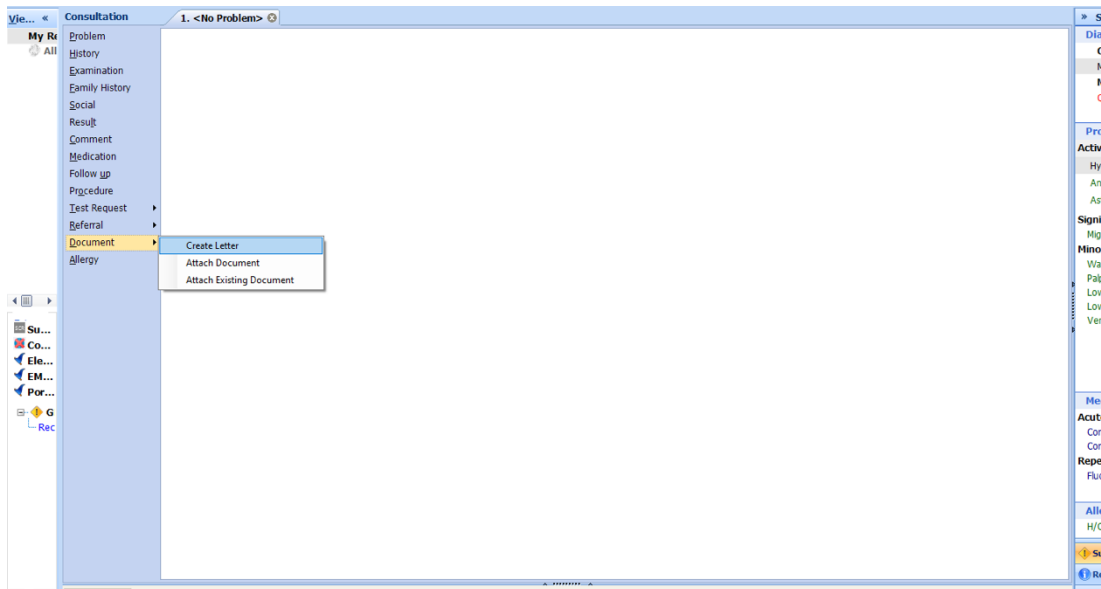
CARDIOLOGY:

Contents:

1. General Cardiology
2. Rapid Access Chest Pain clinic
3. Community heart failure nurse team

General Cardiology Referral:

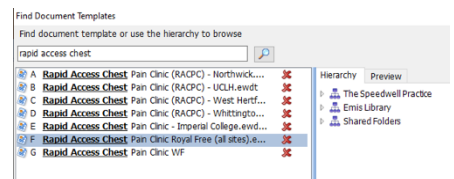
1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter and ensure all relevant investigations and consultations are embedded.
5. Attach relevant clinical letters to the e-mail and send it to: barnet-routine.referrals@nhs.net

Rapid Access Chest Pain Clinic:

1. In an open consultation select 'Document' then 'Create Letter'
2. In an open consultation, select 'Document' then 'Create New'.
3. Click on the magnifying glass in the pop-up box
4. Search for 'chest pain' and select 'Rapid Access Chest Pain Clinic Royal Free (all sites)'



5. Complete the form as below:

ROYAL FREE LONDON NHS FOUNDATION TRUST CARDIOLOGY
GP RAPID ACCESS CHEST PAIN REFERRAL (RACPC)

Please complete all sections and upload via e-RS
 Referral criteria: new or recent onset of EXERTIONAL chest pain suggestive of ischaemic heart disease (IHD) or worsening symptoms in a patient with known IHD who is not under active follow-up by a Cardiologist.

PATIENT DETAILS		GP DETAILS	
Surname: Mouse	Requesting GP: QAYYUM, Natasha (Dr)	Registered GP: PRACTICE, The Speedwell (Dr)	
Forename: Mickey	Practice Address:	The Speedwell Practice	
Address:	16 Torrington Park, Finchley, London, N12 9SS	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	
Postcode: N12 9SS	Postcode: N12 9SS	Tel No (Direct): 020 8445 7507	
Tel Home:	Mobile: 07306804484	Practice No: E83010	
Gender: Male	Date of Birth: 01-Jan-1983	Fax:	
Interpreter required? <input type="checkbox"/>	Language: Main spoken language Arabic	Email: patients.speedwell@nhs.net	
RCA Hosp No:	NHS No:	CCG:	

Locations Rapid Access Chest Pain Clinics:

- Barnet Hospital
- Chase Farm Hospital
- Edgware Hospital
- Finchley Memorial Hospital
- Royal Free Hospital

CLINICAL HISTORY & ANY CO-MORBIDITIES

Date	Description	Associated Text
14-Jan-2016	Adverse reaction to Alendronic acid	yesterday
10-Feb-2010	Allergy : PENICILLIN V tabs 250mg	Drug code for allergy: PENICILLIN V tabs 250mg
10-Feb-2010	H/O: drug allergy	Reaction type: Allergy
		Severity of allergy: Moderate
		Certainty of allergy: Likely
30-Jun-2004	Allergy : PENICILLIN G inj 600mg/Vial	

6. Click on 'file' and select 'save and close'
7. Confirm the form has saved onto your consultation, then send a task to the secretary team to book the patient an appointment. Or book the time and slot yourself through ERS

Community Heart Failure Nurses:

1. NB – patients will only be accepted if they have HFrEF <45% which has been confirmed on an ECHO within the last two years
2. In an open consultation select 'Document' then 'Create Letter'
3. Click on the magnifying glass in the pop-up box
4. Search 'Heart Function' and select 'Heart Function Improvement Service Referral Form'
5. Enter your name in the pop-up box
6. Complete the form as below and e-mail to: barnetheartfunction@nhs.net

BARNET COMMUNITY REFERRAL
 Heart Function Improvement Service
 Email: barnetheartfunction@nhs.net

NHS Central London Community Healthcare | **Royal Free London NHS Foundation Trust**

For new patients: Please attach PMH / Discharge Summary, Medication, BNP, Echo Report, ECG to referral – otherwise referrals will NOT be accepted.

PRIORITY OF REFERRAL: Urgent – within 48hrs Routine – within 14 days

Reason for Referral:	Symptoms for Referral:
<input type="checkbox"/> HF diagnosis confirmed by recent (<2 yrs) ECHO with LVEF <45%.	<input type="checkbox"/> Recent worsening or new breathlessness
<input type="checkbox"/> Education/lifestyle advice and promote self-management HF/EF	<input type="checkbox"/> Peripheral oedema significantly recent worsening
<input type="checkbox"/> Treatment Optimization for HF/EF	<input type="checkbox"/> Worsening ascites due to heart failure
<input type="checkbox"/> Early review post discharge for non-complex heart failure patients (HF/EF) not planned for intervention	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Diuresis monitoring and renal function surveillance	

DNAR in place: Yes No

Name of Referrer/ Referrers/ GP/ Consultant/ Other:	FOR HOSPITAL DISCHARGES:
Please print name: <u>natasha qayyum</u>	Discharge Date:
Contact number: 020 8445 7507	Summary attached:
Date: 23-May-2022	Follow up appointment:

PATIENT DETAILS:

Family Name: Mouse	First Name: Mickey
Title: Mr	Sex: Male
	NHS No:
Address: 16 Torrington Park, Finchley, London, N12 9SS	DOB: 01-Jan-1983
	Ethnic Group: Albanian - ethnic category 2001 census

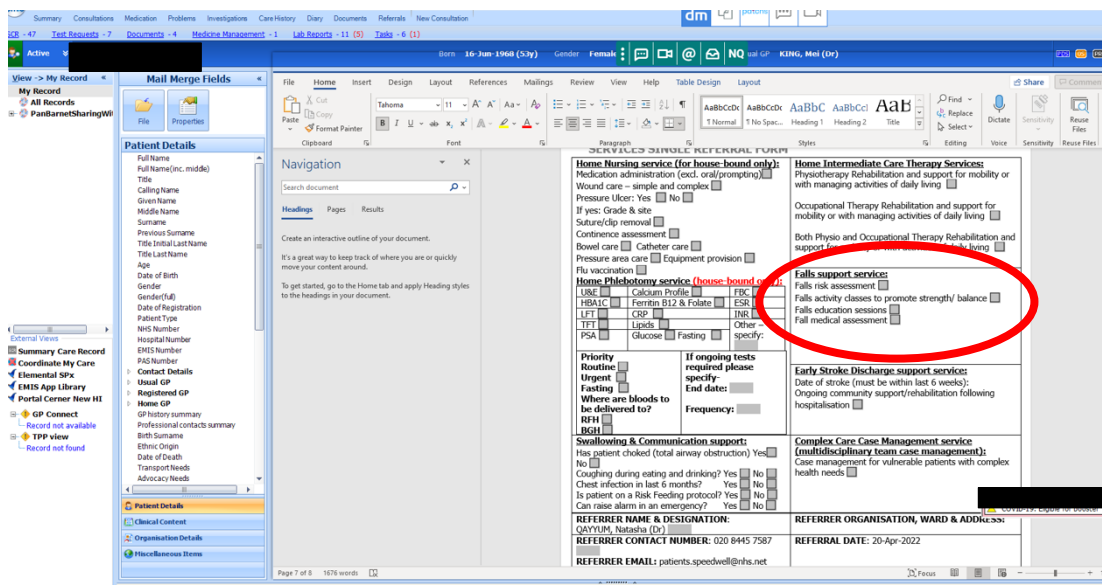
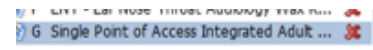
CARE OF THE OLDER PERSON:

Contents:

1. Falls Clinic
2. Memory Clinic
3. Old Age Psychiatry

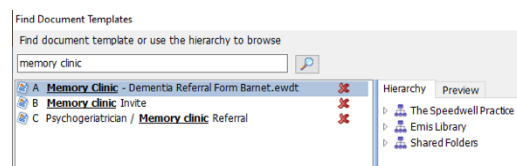
Falls Clinic:

1. Referral to falls clinic is via the 'single point of access' form
2. Select 'Document' then 'Create Letter' in an open consultation
3. Click on the magnifying glass and search 'single point'
4. Select the form entitled 'Single Point of Access Integrated Adult'
5. Select which falls services you require
6. E-mail to: 'clcht.plannedcarebarnet@nhs.net'



Memory Clinic:

1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
2. Search for 'memory clinic' and select 'Memory Clinic - Dementia Referral Form Barnet'
3. Complete the form and e-mail to: beh-tr.dutyintakeboacmht@nhs.net



Barnet, Enfield and Haringey NHS Trust
Mental Health NHS Trust

BARNET MEMORY SERVICE REFERRAL FORM

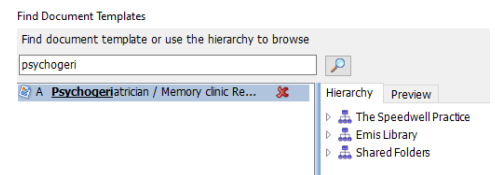
Refer to: Email: beh-tr.dutyintakeboacmht@nhs.net

Date of referral: 23-May-2022

<p>Patient details</p> <p><input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> other</p> <p>Name: Mr Mickey Mouse</p> <p>DoB: 01-Jan-1983</p> <p>NHS number: [REDACTED]</p> <p>Address: 16 Torrington Park, Finchley, London, N12 9SS</p> <p>Telephone: / 07309804484</p> <p>Ethnicity: Albanian - ethnic category 2001 census</p> <p>Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Main spoken language Arabic</p> <p>Has this referral been discussed and agreed with the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the patient able to attend an outpatient appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires transport</p>	<p>Carer or next of kin details</p> <p><input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> other</p> <p>Name: [REDACTED]</p> <p>Relationship to patient: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Telephone: [REDACTED]</p> <p>Does patient consent to contacting carer / next of kin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Arrange appointments via this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Referrer details	GP details (if different from referrer)

Old Age Psychiatry:

1. In an open consultant click 'document' then 'create letter'
2. Select 'Psychogeriatrician' and write a letter using the template shown below. Ensure to embed the relevant consultations and investigations.



www.thespeedwellpractice.nhs.uk

13 July 2022

Psychogeriatrician Referral

Barnet Directorate
Barnet, Enfield and Haringey Mental Health Trust
Level 3 Springwell Centre
Barnet Hospital
Wellhouse Lane
Barnet
Herts EN5 3DJ

Consultant: Dr Marc Lester
Email: beh-tr.dutyintakeboacmht@nhs.net
Switchboard: 020 8216 5758
Direct Line: 020 8216 4538

Dear Colleague

Re: Mr Mickey Mouse D.O.B. 01-Jan-1983 NHS NO: Not known
16 Torrington Park, Finchley, London, N12 9SS
Telephone No: Mobile: 07309804484

3. E-mail the referral to: beh-tr.dutyintakeboacmht@nhs.net

COVID-19 RELATED SERVICES:

Contents:

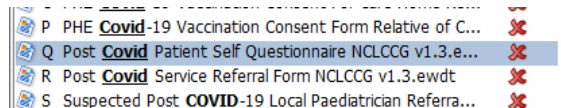
1. Anti-viral referral
2. Post-COVID-19 clinic

Anti-viral Referral:

1. This is to refer a patient with an active COVID-19 infection for consideration of anti-viral therapy if they have not already been contacted by the department directly.
2. Send an e-mail containing the patient’s details to: ucla.covidvacc@nhs.net or phone 07526971953
3. There is no formal form

Post-COVID-19 Clinic:

1. This service is for patients with long COVID-19 symptoms
2. In an open consultation select ‘Document’ then ‘Create Letter’
3. Click on the magnifying glass in the pop-up box
4. Search ‘covid’ and select ‘Post Covid Patient Self Questionnaire’
5. Send the questionnaire below to the patient to complete



Full Name:	Mr MOUSE, Mickey (Mr)	DOB:	01-Jan-1983
NHS No:		Gender:	Male
Address:	16 Torrington Park, Finchley, London, N12 9SS	Emis no:	11938
Telephone:	07309804484	Email:	franceswallace@nhs.net
Language:	Main spoken language Arabic	Ethnicity:	Albanian - ethnic category 2001 census

You have received this questionnaire because you have an upcoming appointment with your GP to talk about your ongoing symptoms of COVID-19. Before the appointment, please complete this symptom questionnaire. It will help your GP plan your care more effectively and track your progress. If you have difficulty with any of the questions please leave them blank and the clinician will review them with you during your consultation. Thank you.

COVID-19 overview
 What date did your initial infection with COVID-19 start?

Where did you receive care for COVID-19?
 I stayed at home
 I attended A&E department
 I was admitted to hospital

What were your COVID-19 test results?
 Please select multiple options if needed
 I had a positive swab test
 I had a positive antibody test
 I was not tested for COVID-19

Your COVID-19 symptoms
 What symptoms did you have in the first two weeks of COVID-19 infection?
 Resuscitation status (hover for...)
 Thyroxine monitoring advised
 No recent TSH
 'Power of Attorney' code reco...
 Patient is Housebound
 1st MMR vaccination

6. In the open consultation select ‘create letter’ again and search for ‘covid’. Select ‘Post Covid Service Referral Form’
7. Enter your name in the ‘Referring Clinician’ pop-up box
8. Complete the form and e-mail with the patient questionnaire to: clcht.plannedcarebarnet@nhs.net

NCL Post-Covid-19 Service Referral Form

NHS
North Central London
Local Commissioning Group

Referrals to community rehabilitation, the UCLH post-Covid clinic and the post-Covid MDT will be made through this Single Point of Access (SPA). If referring a patient to the MDT, you will be contacted by the MDT coordinator with a timeslot to present the patient for discussion.

Guidance regarding service: <https://sp.northcentral.london.nhs.uk/service/post-covid-syndrome-referral-service>

Borough	Provider	Referral email
Barnet	CLCH	clch_plannedcarebarnet@nhs.net
Camden	CNWL	camdenreferrals.cnwl@nhs.net
Enfield	BEH	beh-tr-ECsenfieldlocalityteamsSPA@nhs.net
Haringey	Whittington Health	via eRS: Post Covid Haringey and Islington – Whittington RKE
Islington	Whittington Health	Referrals requiring UCLH post covid clinic will be booked there via this triage route. On eRS choose "Rehabilitation - not otherwise specified" eRS Service Location – The Whittington Hospital

PATIENT DETAILS		GP DETAILS	
Surname	Mouse	Name	The Speedwell Practice
D.O.B.	01-Jan-1983	Code	E83010
Age	39y	Address	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
Address	16 Torrington Park, Finchley, London, N12 9SS		
Post code			
Home Tel		Referrer	QAYYUM, Natasha (Dr)
Ethnicity	Albanian - ethnic category 2001 census	Role of Referrer	f
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tel	020 8445 7587
1st Language	Arabic	E-mail	patients.speedwell@nhs.net

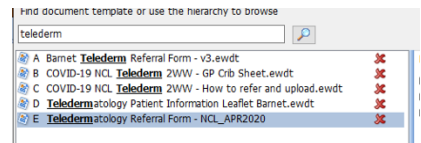
MOUSE, Mickey (Mr)

- Resuscitation status (hover for...)
- Thyroxine monitoring advised
- No recent TSH
- 'Power of Attorney' code rec...
- Patient is Housebound
- 1st MMR vaccination

DERMATOLOGY:

Teledermatology:

- In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- Search for 'telederm' and select 'Teledermatology Referral Form – NCL'
- Complete the form as below. Ensure to insert photos of the dermatological issue.



Teledermatology Referral Form

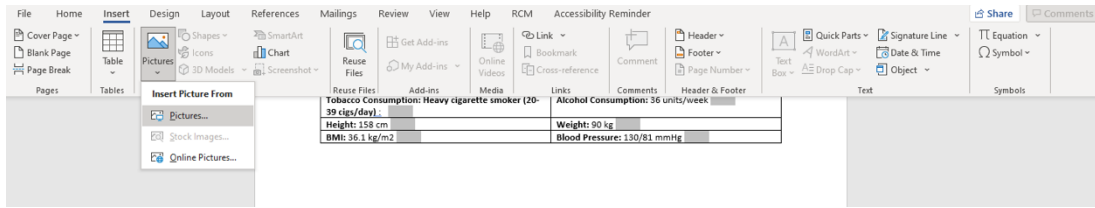
Please submit this referral form via e-RS

Patient		Referrer	
Name	Mr Mickey Mouse	Name	QAYYUM, Natasha (Dr)
Address	16 Torrington Park, Finchley, London, N12 9SS	Practice Name	The Speedwell Practice
Telephone		Practice Address	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
Mobile	07309804484	GP Practice code	E83010
Date of Birth	01-Jan-1983	Telephone	020 8445 7587
NHS Number		Fax	
Gender	Male	Email (NHS)	patients.speedwell@nhs.net
Email	michael@nhs.net	Ethnicity	Albanian - ethnic category 2001
Date of this referral	24-Jun-2022		

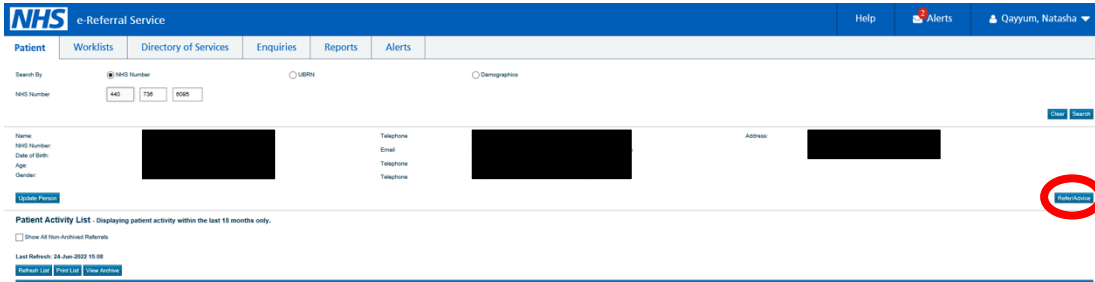
Interpreter required?		Transport required?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Main spoken language or state if deaf requiring interpreter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Deaf requiring interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Any other information (e.g. accessibility requirements, carer information, etc.)		Carer related codes recorded	
		Date	Description
		23-Feb-2021	Patient themselves providing care
		Learning Disabilities related codes recorded	
		Date	Description
		24-May-2016	Learning disabilities annual health assessment

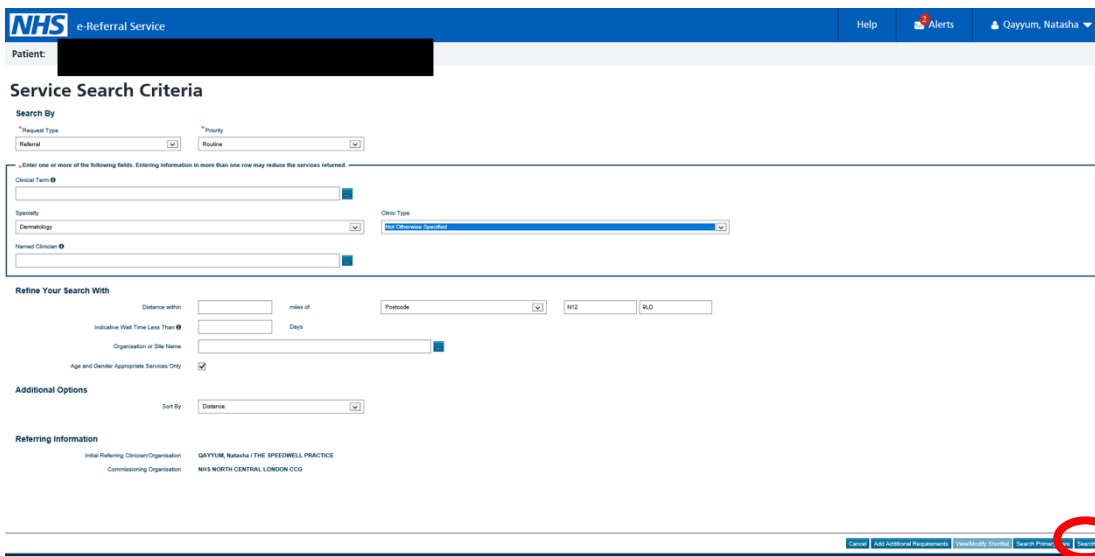
- To insert a picture first save the image to your desktop. Next select 'insert' in the top bar, then 'pictures' and choose which images to upload



- Click 'file' then 'save and close'.
- Next open ERS and select the 'refer/advice' button



- Change the request type to 'referral' and the priority to 'routine'.
- Change the speciality to 'dermatology' and clinic type to 'not otherwise specified'
- Select the 'search all' button in the bottom right-hand corner



- Click the 'send for triage' button next to 'teledermatology – Royal Free London'

Service Selection

Service Search Criteria

Displaying 59 of 100+ matching services. Please refine your search criteria if you cannot find the services you require.

Order By: None

▼ (Results returned: 59)

Select	Ref	Appointment Type	Service Name	Indicative Appointment Wait	Indicative Treatment Wait	Directly Bookable	Referrer Alert	Link to NHS Choices	Location
<input type="checkbox"/>	2	First outpatient	Dermatology General - Frimley Memorial Hospital - RAL	Limited Availability	50 weeks	Yes			FRIMLEY MEMORIAL HOSPITAL
<input type="checkbox"/>	3	First outpatient	Dermatology General - Barnet Hospital - RAL	Limited Availability	50 weeks	Yes			BARNET HOSPITAL
<input type="checkbox"/>	3	First outpatient	Dermatology Service - Whittington Hospital - RDE	251 Days	32 weeks	Yes			THE WHITTINGTON HOSPITAL
<input type="checkbox"/>	3	Telephone/Video	Dermatology Teledermatology Service - Whittington Hospital - RDE	33 Days	32 weeks	Yes			Telephone/Video
<input type="checkbox"/>	4	First outpatient	Dermatology General - Chase Farm Hospital - RAL	158 Days	50 weeks	Yes			CHASE FARM HOSPITAL
<input type="checkbox"/>	4	First outpatient	Dermatology - General - North Middlesex UHF-RAP	28 Days	20 weeks	Yes			NORTH MIDDLESEX HOSPITAL
<input type="checkbox"/>	4	First outpatient	General Dermatology - Dermatology - Royal Free Hospital - RAL	Limited Availability	50 weeks	Yes			ROYAL FREE HOSPITAL
<input type="checkbox"/>	4	Triage Service	Teledermatology - Royal Free London - RAL	N/A	50 weeks	N/A			ROYAL FREE HOSPITAL
<input type="checkbox"/>	5	First outpatient	Dermatology Community - Lincoln Road Medical Practice - RAL	Limited Availability	50 weeks	Yes			LINCOLN ROAD MEDICAL PRACTICE
<input type="checkbox"/>	5	First outpatient	Adult General Dermatology - Dermatology Dept - UCLH - RHV	200 Days	27 weeks	Yes			HOSPITAL FOR TROPICAL DISEASES
<input type="checkbox"/>	5	Triage Service	Dermatology/Adult general TRAGE@MaryImperial NHS Trust (RYJ)	N/A	32 weeks	N/A			ST MARY'S HOSPITAL (HQ)
<input type="checkbox"/>	5	First outpatient	Dermatology Community - Fraxeyesley Primary Care Centre - RAL	84 Days	50 weeks	Yes			FREZZYATER PRIMARY CARE CENTRE
<input type="checkbox"/>	7	First outpatient	Dermatology Adult General Clinic - Central Middlesex Hospital - RIK	Limited Availability	19 weeks	Yes			CENTRAL MIDDLESEX HOSPITAL
<input type="checkbox"/>	7	First outpatient	Dermatology Adult General Clinic - Northwick Park Hospital - RIK	Limited Availability	19 weeks	Yes			NORTHWICK PARK HOSPITAL
<input type="checkbox"/>	7	Triage Service	Dermatology/Adult general TRAGE@hammersmithImperial NHS Trust (RYJ)	N/A	32 weeks	N/A			HAMMERSMITH HOSPITAL
<input type="checkbox"/>	8	Triage Service	Beakley complex cases MDT RAG Clinic - Dermatology (RLJ), Beakley Health NHS Trust - RTH	N/A	30 weeks	N/A			THE ROYAL LONDON HOSPITAL
<input type="checkbox"/>	8	First outpatient	Skin Cancer Screening Clinic (Non-Zen) - Guy's site Dermatology-Guy's & St Thomas - R21	119 Days	29 weeks	Yes			GUY'S HOSPITAL
<input type="checkbox"/>	8	First outpatient	St John's Adult Dermatology (Evolutions App@) - Guy's Site Dermatology-Guy's & St Thomas - R21	57 Days	29 weeks	Yes			GUY'S HOSPITAL
<input type="checkbox"/>	8	First outpatient	St John's Adult Dermatology (Evolutions App@) - St Thomas site Dermatology-Guy's & St Thomas - R21	Limited Availability	29 weeks	Yes			ST THOMAS' HOSPITAL
<input type="checkbox"/>	9	Triage Service	Dermatology/Adult general TRAGE@Charing CrossImperial NHS Trust (RYJ)	N/A	32 weeks	N/A			CHARING CROSS HOSPITAL
<input type="checkbox"/>	9	Triage Service	Referral Assessment Service Adult Dermatology - Chelsea and Westminster Hospital - R0601	N/A	32 weeks	N/A			CHELSEA & WESTMINSTER HOSPITAL

11. On the next page upload the referral form you created earlier and submit the request
12. More information on how to make this referral can be found here: <https://gps.northcentrallondon.icb.nhs.uk/service/ncl-teledermatology-dermoscopy>

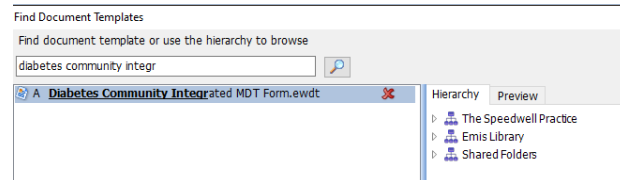
DIABETES:

Contents:

1. Community DSN & Diabetes Education programme
2. Diabetes prevention programme
3. Retinal screening

Diabetes Education Programme, Community DSN Team & Secondary Care Diabetes:

1. This is a referral to the community DSN team, it includes diabetes education
2. Patients can then be referred onwards to secondary care from this service
3. To refer do the following - in an open consultation select 'Document' then 'Create Letter'
4. Click on the magnifying glass in the pop-up box
5. Search 'Diabetes Community' and select 'Diabetes Community Integrated MDT Form'



6. Complete the form as below, selecting which services you require.

Integrated Community Diabetes Referral Form

Exclusion criteria: (Refer to secondary care - Tier 4 via RMS)

- Type 1 diabetes
- Pregnancy - Planned pregnancies in women with diabetes is essential to reduce risks of congenital malformations and stillbirth. Please ensure all women with diabetes of child-bearing age are using contraception and if planning a pregnancy in the next year, please refer to the local secondary care diabetes team.
- CKD 4 with unstable eGFR (i.e. decrease in eGFR >25% in the last 12 months) and CKD 5
- Insulin pumps
- Adolescents

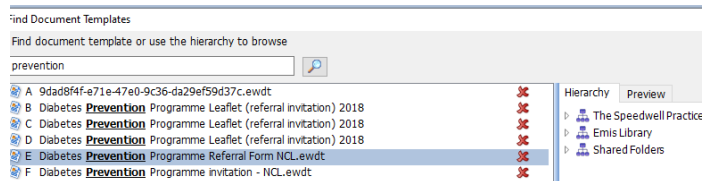
NHS Number: Referral Date: 23-May-2022

Patient Consent		GP Practice / Referrer Details:	
Yes	No	Name	Speedwell
<input type="checkbox"/>	<input type="checkbox"/>	Name	
Patient Details:		Designation:	
Name: Mickey Mouse		Address: The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	
DOB: 01-Jan-1983		Practice email address (mandatory): patients.speedwell@nhs.net	
Tel:		Patient's address: 16 Torrington Park, Finchley, London, N12 9SS	
Gender: Male		Ethnicity: Albanian - ethnic category 2001 census	
Contact no: 07309804484		Reason for referral to community service (Tier 3)	
Patient's address: 16 Torrington Park, Finchley, London, N12 9SS		<input type="checkbox"/> Supported discharge from specialist care	
Ethnicity: Albanian - ethnic category 2001 census		<input type="checkbox"/> Persistent hypotension on previous referral	

7. E-mail routine referrals to: clcht.bcs-admin@nhs.net and urgent referrals to: clcht.barnetdiabetes@nhs.net

Diabetes Prevention Programme:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box
- Search 'Prevention' and select 'Diabetes Prevention Programme Referral Form NCL'
- Complete the form as below and e-mail to: scwcsu.ncl@nhs.net



NHS Diabetes Prevention Programme Referral

Please email completed forms to Scwcsu.ncl@nhs.net

Patient must meet the essential criteria below

- HbA1c results between 42–47.9mmol/mol (6.0–6.4%), or Fasting Plasma Glucose [FPG] result between 5.5-6.9 mmol/l dated within the last 12 months. If patient has a history of Gestational Diabetes (GDM) then patient is eligible with HbA1c < 42 mmol/mol or FPG < 5.5mmol/l. The previous GDM diagnosis must be indicated under the 'Referral information' section
- Patient does not have Type 2 Diabetes - if a reading is in the diabetic range (HbA1c ≥48 or FPG ≥7) the individual is not eligible. If two blood test readings are provided on the referral, and one is in the diabetic range, you will be asked to confirm that the patient is not being treated as diabetic
- Patient is registered with a GP Practice within North Central London STP, is not pregnant and aged 18 years or over. If aged over 80, you must confirm that you consider that the benefits of this programme are likely to outweigh the potential risks
- There is no medical reason why this patient should not take part in a programme that includes light-moderate physical activity

Patient details

Title	Mr	Telephone number	
First name	Mickey	Telephone. Can we leave a voicemail?	Please select
Surname	Mouse	Mobile number	07309804484
Address	16 Torrington Park	Mobile. Can we leave a voicemail?	Please select
	London	What is the patient's first language?	Main spoken language Arabic
		Does the patient speak English?	Please select
		Date of birth	01-Jan-1983
Postcode	N12 9SS	Ethnicity	Albanian - ethnic category 2001 census
NHS number		Gender	Male
		Is the patient on the Severe Mental Illness?	Please select

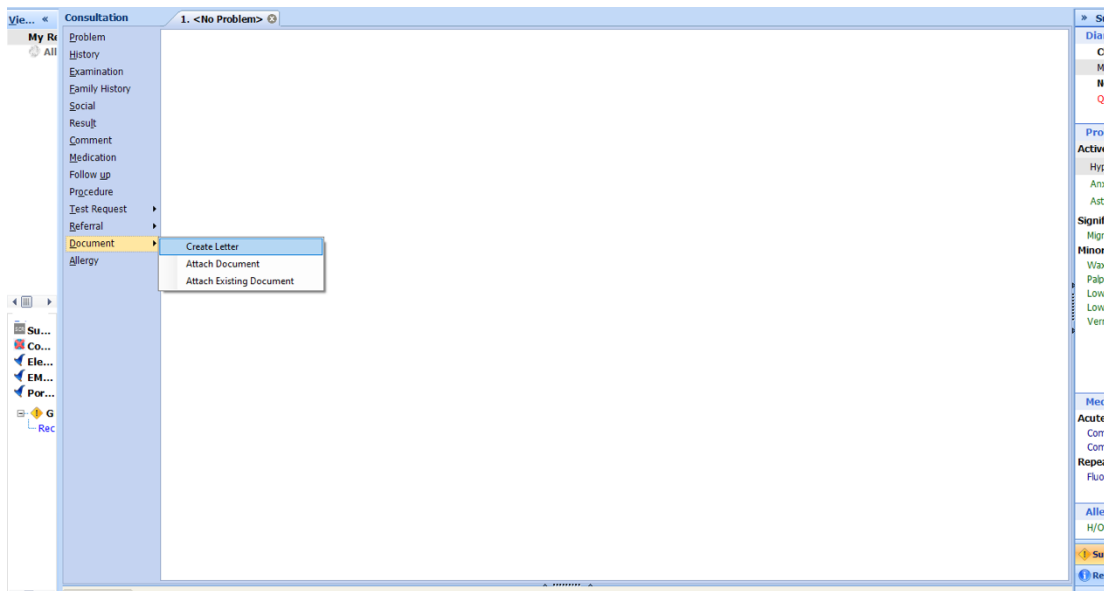
Retinal Screening:

1. E-mail the patient's details with a copy of their latest consultation and investigation results to: ncl.desp@nhs.net

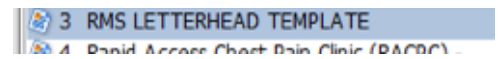
ENDOCRINOLOGY:

General Endocrine Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



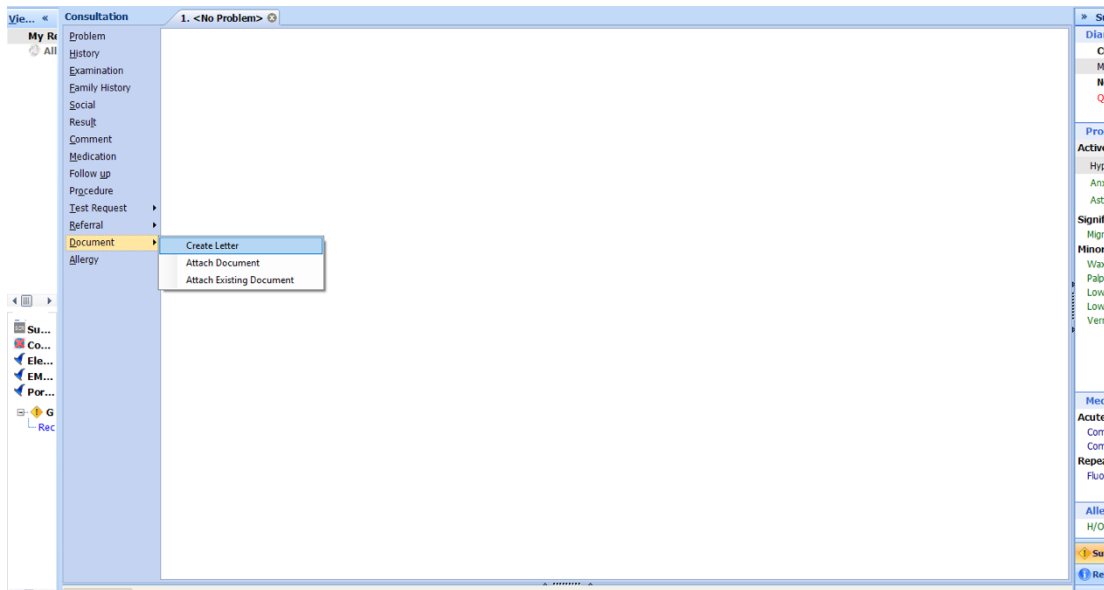
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



GASTROENTEROLOGY:

General Gastroenterology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'

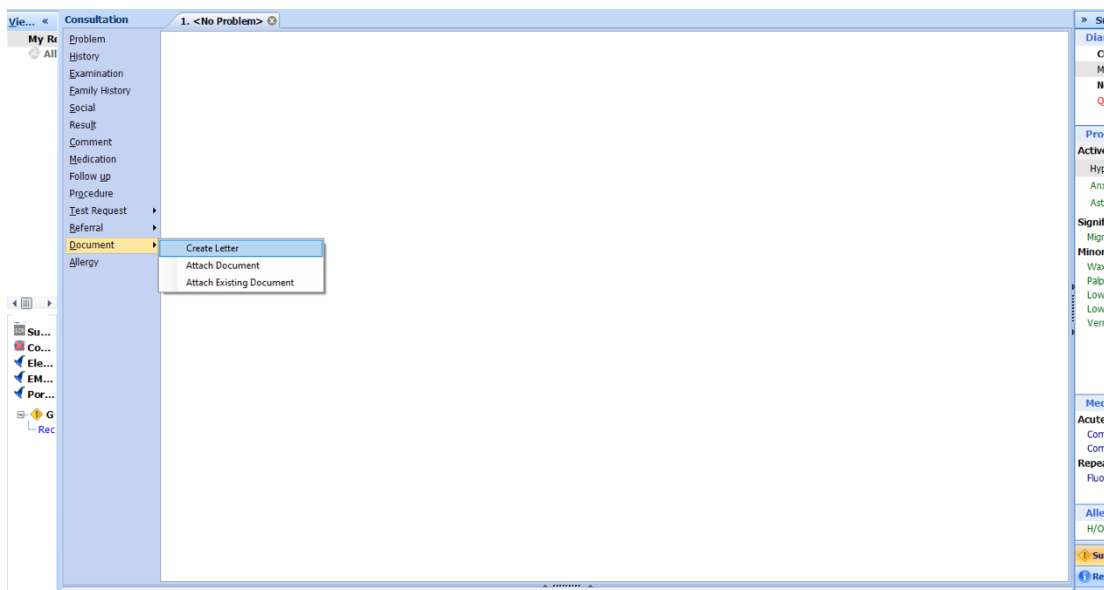


2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net

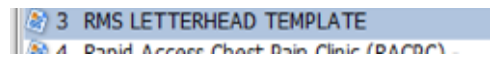
HAEMATOLOGY:

General Hematology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



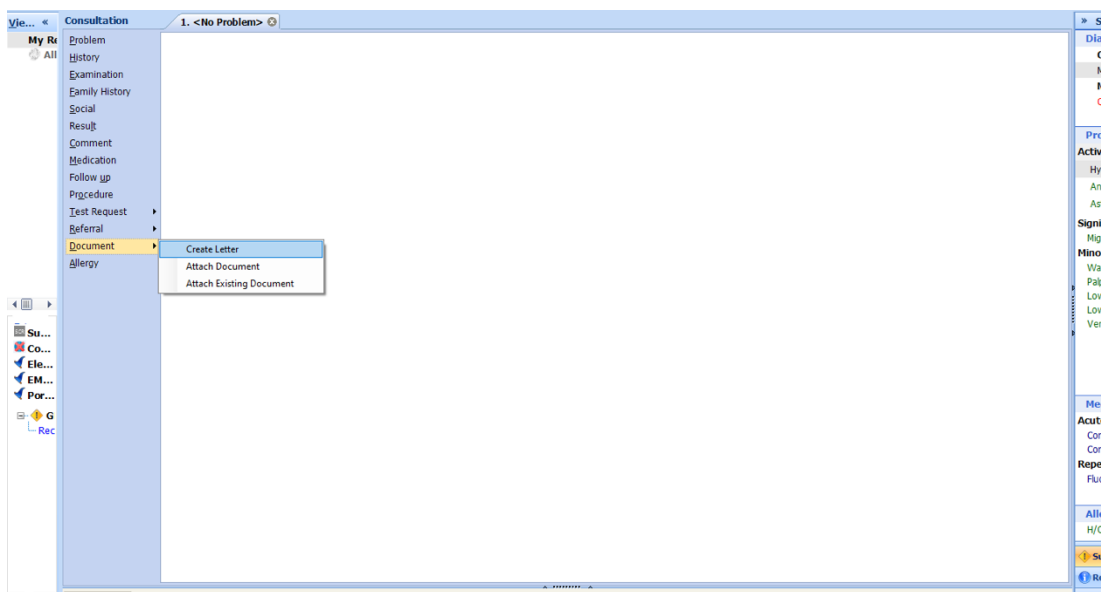
NEUROLOGY:

Contents:

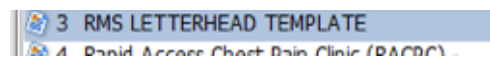
1. General Neurology Clinic
2. TIA Clinic
3. Neuro Rehabilitation

General Neurology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'

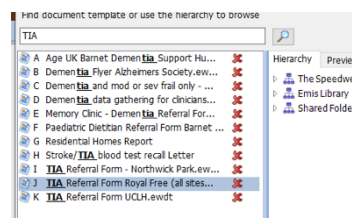


2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



TIA Clinic:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'TIA' and select 'TIA Referral Form Royal Free (all sites)'
4. Complete the form as below, and e-mail to: rf-tr.tiaclinicreferrals@nhs.net



The Royal Free London NHS Foundation Trust TIA referral form
 For Barnet Hospital and the Royal Free Hospital
 Refer sudden-onset focal loss of neurological function or sudden-onset painless monocular visual loss.
 These patients have a high risk of stroke within a few days, so refer immediately.

Patient details	Name: Mr Mickey Mouse	DOB: 01-Jan-1983	NHS No: Not known
Address: 16 Torrington Park, Finchley, London, N12 9SS			
Telephone (inc. mobile): / 07932961477		Other Contact Tele No: _____	
Transport required Yes <input type="checkbox"/> / No <input type="checkbox"/>		Infection risk _____	
GP details	Name: QAYYUM, Natasha (Dr)	Event dates/times	Date
Practice: The Speedwell Practice, The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS		Onset of index event	_____
Telephone (bypass number): 020 8445 7587		GP assessment	_____
		Referral received	_____

Atypical onset features		Yes	No
If 'Yes' to any of these at onset, TIA is an unlikely diagnosis, so consider alternative referral route.	Gradual onset or spread of symptoms	<input type="checkbox"/>	<input type="checkbox"/>
	Seizure or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
	Transient amnesia	<input type="checkbox"/>	<input type="checkbox"/>
	Isolated vertigo with no other cranial nerve features	<input type="checkbox"/>	<input type="checkbox"/>

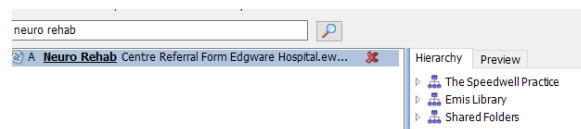
Brief description of attack Please also attach referral letter with details of PMH, DH, allergies etc.	ABCD² score Tick one score for each category.	
	Age	
	60 years or older	1 <input type="checkbox"/>
	Less than 60 years	0 <input type="checkbox"/>
	BP	
	Systolic ≥ 140 or diastolic ≥ 90	1 <input type="checkbox"/>
	Systolic < 140 and diastolic < 90	0 <input type="checkbox"/>
	Clinical features	
	Unilateral weakness	2 <input type="checkbox"/>
	Disturbance in speech only	1 <input type="checkbox"/>
	Others	0 <input type="checkbox"/>
Duration		
60 minutes or longer	2 <input type="checkbox"/>	
10 - 59 minutes	1 <input type="checkbox"/>	
< 10 minutes	0 <input type="checkbox"/>	

MOUSE, Mickey (Mr)

- Resuscitation status (hover
- 2wv Fast track ref - ? not s
- Thyroxine monitoring advise
- ▲ No recent TSH
- ▲ 'Power of Attorney' code re
- ▲ Patient is Housebound

Neuro Rehabilitation:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'neuro rehab' and select 'Neuro Rehab Centre Referral Form Edgware'
4. Complete the form as below and e-mail to: rf.neurorehabreferrals@nhs.net



Royal Free London NHS
 NHS Foundation Trust

Neuro Rehabilitation Centre
 Edgware Community Hospital
 Burnt Oak Broadway
 Edgware, Middlesex
 HA8 0AD
 Tel: 0203 758 2465
 Fax: 0203 758 2464
 Email: rf.neurorehabreferrals@nhs.net

REFERRAL FORM

The information requested is essential to help us to decide on the appropriateness of the Neurological Rehabilitation Centre (NRC) for your patient and how we will best meet their needs. Your assistance in completing the form is appreciated since incomplete forms will not be accepted and will result in delay.

Please tick the box to indicate the type of service you are seeking (please see information sheet on reverse for service definitions).

- Inpatient Multidisciplinary Assessment and Rehabilitation admissions (average period of 6-8 weeks).
- Inpatient Multidisciplinary Assessment and Condition Management Programme (average period of 6-8 weeks).
- Community/Outpatient Assessment and Rehabilitation or Condition Management Programme (average 4-8 weeks).
- Vocational Rehabilitation

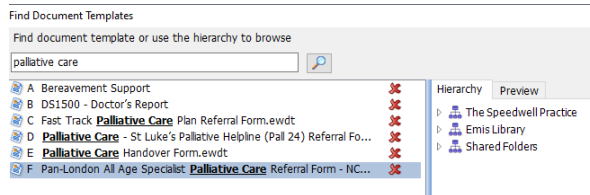
MOUSE, Mickey (Mr)

- Resuscitation status (hov
- 2wv Fast track ref - ? nc
- Thyroxine monitoring ad.
- ▲ No recent TSH
- ▲ 'Power of Attorney' cod
- ▲ Patient is Housebound

PALLIATIVE CARE:

Palliative Care:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'palliative care' and select 'Pan-London All Age Specialist Palliative Care Referral Form'
4. Complete the form as below:



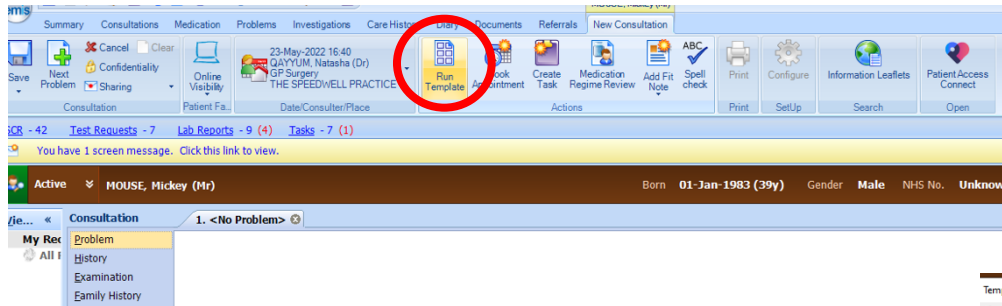
5. Ensure the box next to 'North London Hospice' is selected, and e-mail the form to: northlondonhospice.firstcontact@nhs.net

NEL	<input type="checkbox"/> Saint Francis Hospice, RM4 1QH Community service: Barking & Dagenham, Havering, Brentwood Inpatient services: Barking & Dagenham, Havering, Brentwood The Margaret Centre, Whipp's Cross Hospital, E11 1NR Inpatient services: Waltham Forest, Redbridge	01708 758606	NEL.CSU.saintfrancis hospice referrals@nhs.net
	<input type="checkbox"/> Saint Joseph's Hospice, E3 4SA Community service: Hackney, Tower Hamlets (TH), Newham Inpatient services: Hackney, TH, Newham, Islington, Haringey, W'am Forest	02083356604	BJNT.margaretcenreferrals@nhs.net
	<input type="checkbox"/> Redbridge Community Palliative Care Team, IG2 7SR Community service: Redbridge	0300 30 30 400	sjosephs.firstcontact@nhs.net
	<input checked="" type="checkbox"/> North London Hospice, N12 8TT Community & inpatient services: Barnet, Enfield, Haringey Community service: South Camden	0300 300 1901	RedbridgePCT@nhs.uk
NCL	<input type="checkbox"/> South Camden community Palliative Care Team, NW1 0PE Community service: South Camden	020 8343 8841	Northlondonhospice.firstcontact@nhs.net
	<input type="checkbox"/> Islington Community Palliative Care Team, NW1 0PE Community service: Islington	020 3317 5777	palliative.southcamden@nhs.net
	<input type="checkbox"/> Marie Curie Hospice Hampstead, Camden, NW3 5NS Inpatient services: Barnet, Camden, Enfield, Haringey, Islington, Brent Outpatient services: Barnet, Camden, Enfield, Haringey, Islington, Brent	020 3317 5777	palliative.islington@nhs.net
	<input type="checkbox"/> The Royal Free - North Camden Palliative Care Team, NW3 2QG Community service: North Camden	02078533400	inpatientunit.hampsteadhospice@nhs.net
NWL	<input type="checkbox"/> Michael Sobell including Harington Hospice, UB3 5AB Community & inpatient services: Hillingdon	020 78302905 02077940500 (weekends & bank holidays)	rf.palliativecare@nhs.net
	<input type="checkbox"/> Meadow House Hospice, UB1 3HW Community & inpatient services: Ealing, Hounslow	0203 824 1268	nhanwfcg.mshreferrals@nhs.net
	<input type="checkbox"/> St Luke's Hospice, HA3 0YG Community service: North Brent Inpatient services: Brent and Harrow (via Hospice Services Navigator)	020 8967 5179	referralsmeadowhouse@nhs.net
	<input type="checkbox"/> St John's Hospice, NW8 8NH Community service: some of Central London Inpatient services: Brent, Camden, Central London, Islington, West London, Hammersmith & Fulham (H&F)	020 8363 8613 0739133303 02083828046 (out of hours)	LNWH.tr.referrals@nhs.net
	<input type="checkbox"/> Pembroke Hospice, W10 6DZ Community service: South Brent, some of West London and some of Hammersmith & Fulham (H&F)	020 8102 5000	cicht.pembroke@nhs.net
	<input type="checkbox"/> Hillingdon Community Palliative Care Team, UB8 1QG Community service: Hillingdon	01895 485235	cicht.spa.referral@nhs.net
	<input type="checkbox"/> Harrow Community Team, HA3 0YG Community service: Harrow	020 8382 8084	civ-tr.hccontact@nhs.net
	<input type="checkbox"/> St Christopher's Hospice, SE26 6DZ Community service: Bromley, Croydon, some of Lambeth, Lewisham, some of Southwark Inpatient services: Bromley, Croydon, Lambeth, Lewisham, Southwark	020 87684582	CLCHT.HarrowPalliativeCare@nhs.net

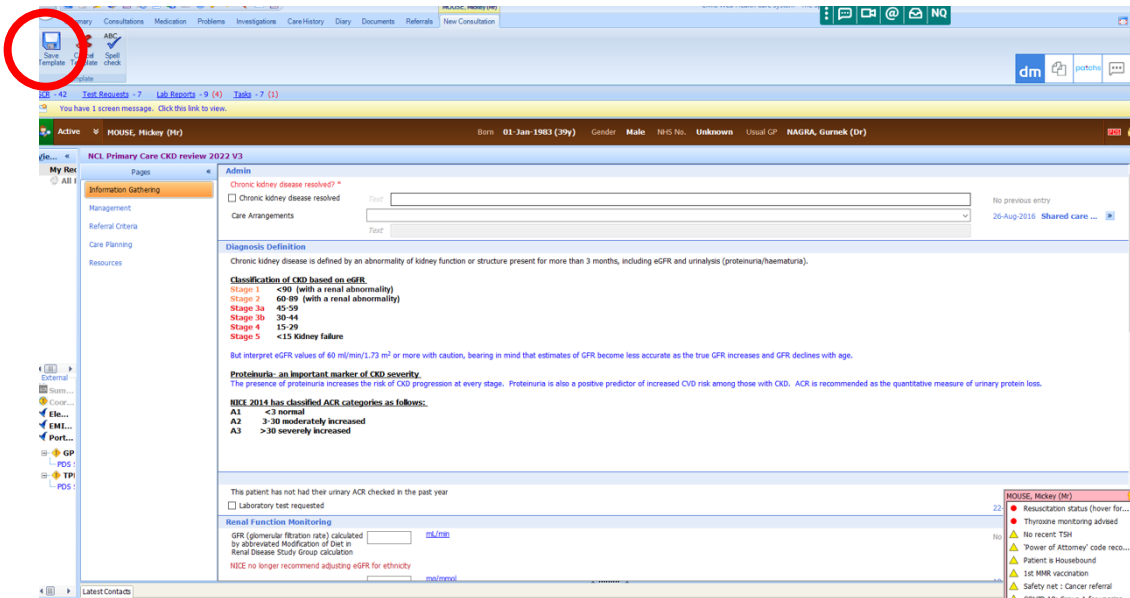
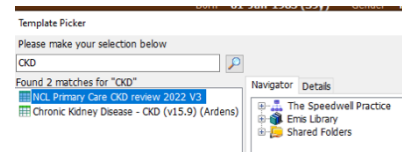
RENAL MEDICINE:

CKD Referrals/General Renal:

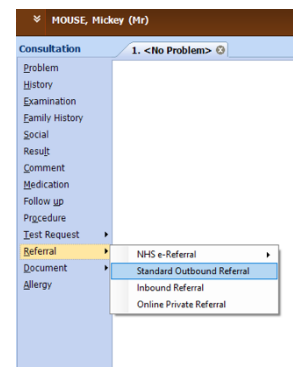
1. In an open consultation, click 'Run Template'

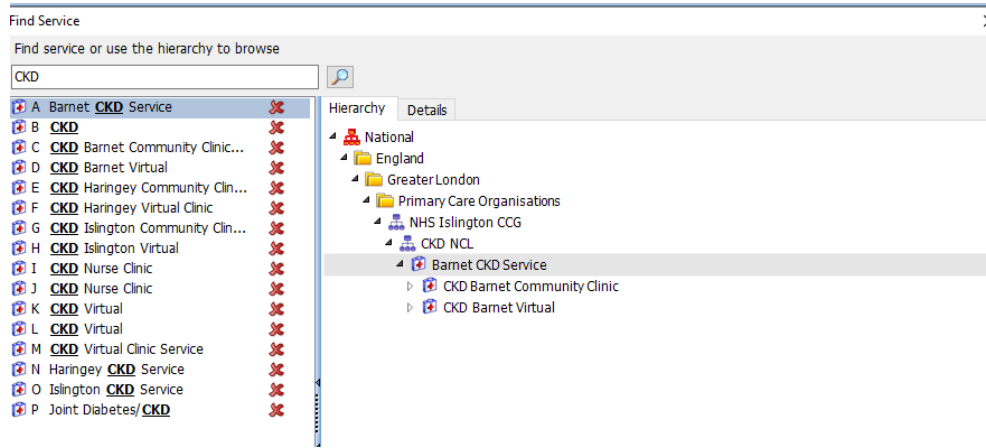


2. Search 'CKD' in the pop-up box and select 'NCL Primary Care CKD'
3. Complete the form with the relevant information, then select 'save template'

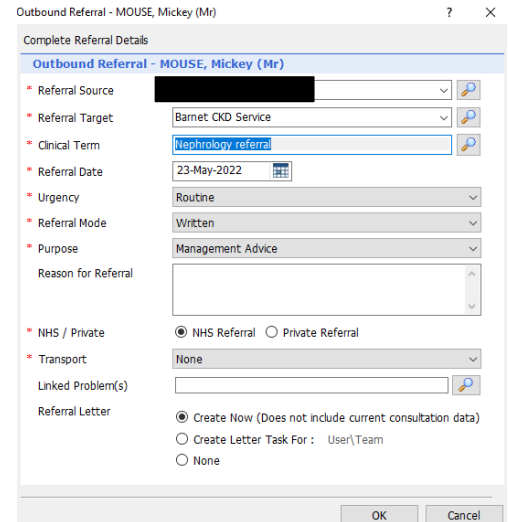


4. In the same consultation, select 'referral' then 'standard outbound referral'
5. Search for 'CKD' in the pop-up box and select 'Barnet CKD Service'

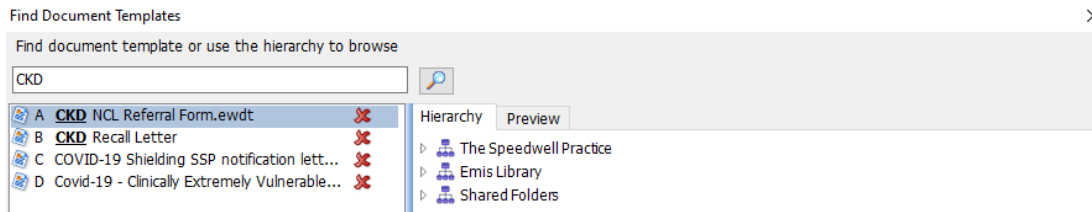




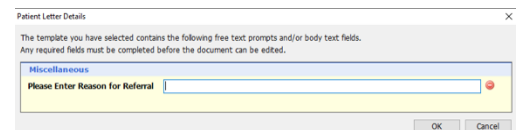
6. In the next pop-up box, write your name in 'referral source', select 'Barnet CKD service' in 'referral target' and select 'nephrology referral' in 'clinical term'
7. Write a brief sentence for your reason for referral, then check the 'create new' box and select 'ok'

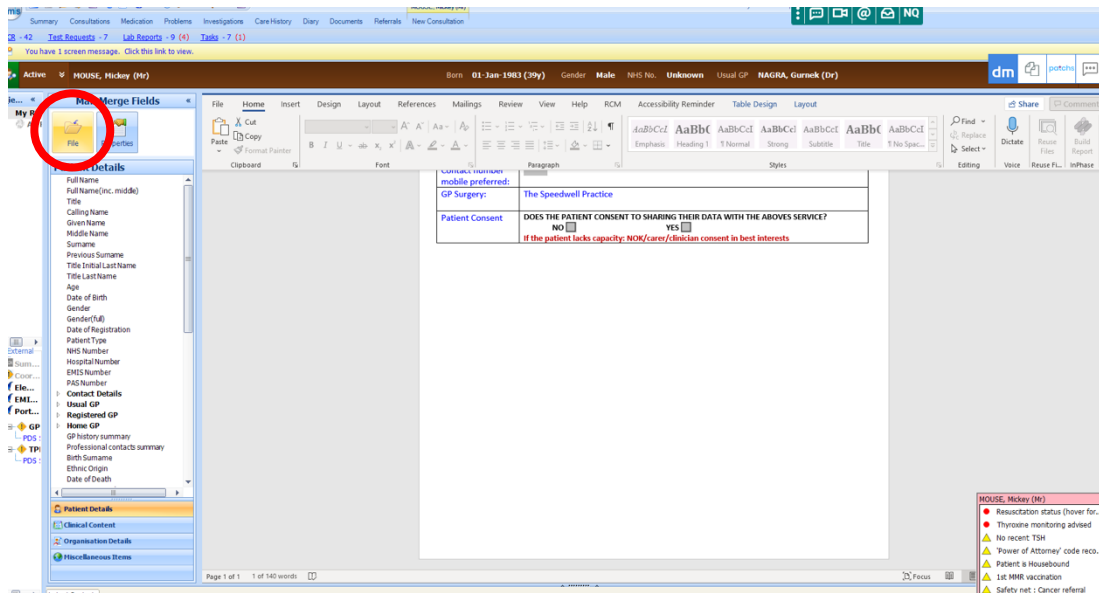


8. The document template pop-up box will now automatically appear. Search for 'CKD' and select 'CKD NCL Referral Form'



9. Enter your reason for referral in the pop-up box
10. Complete the form and select 'file' then 'save and send'
11. Your referral has now been sent to the CKD team





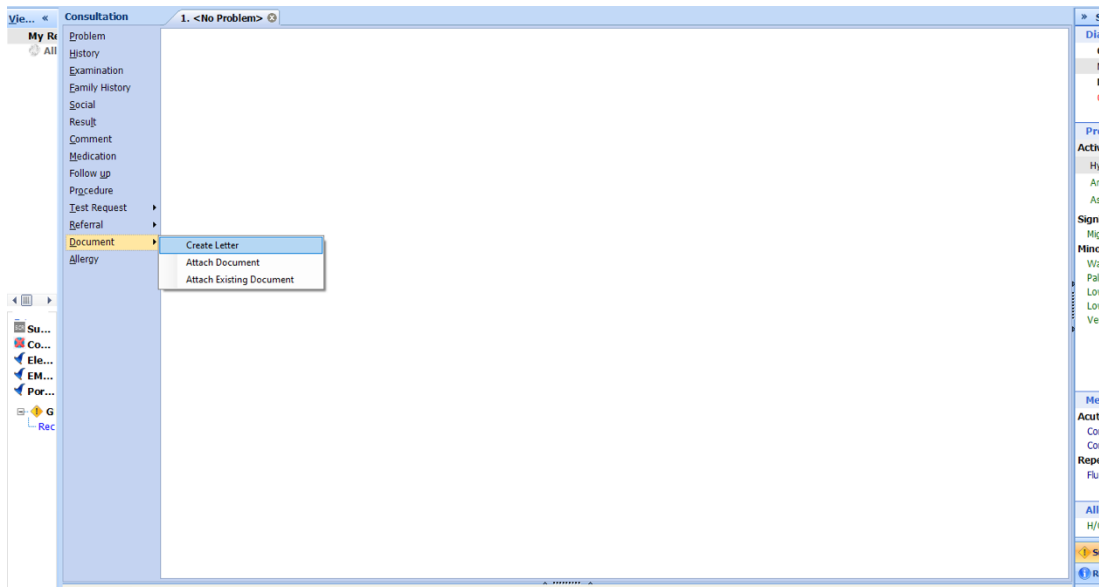
RESPIRATORY MEDICINE:

Contents:

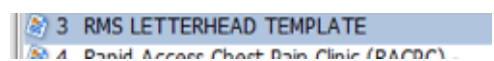
1. General Respiratory Clinic
2. Sleep Study Referral
3. Community COPD Service
4. Pulmonary Rehabilitation

General Respiratory Clinic:

1. In an open consultation select 'Document' then 'Create Letter'

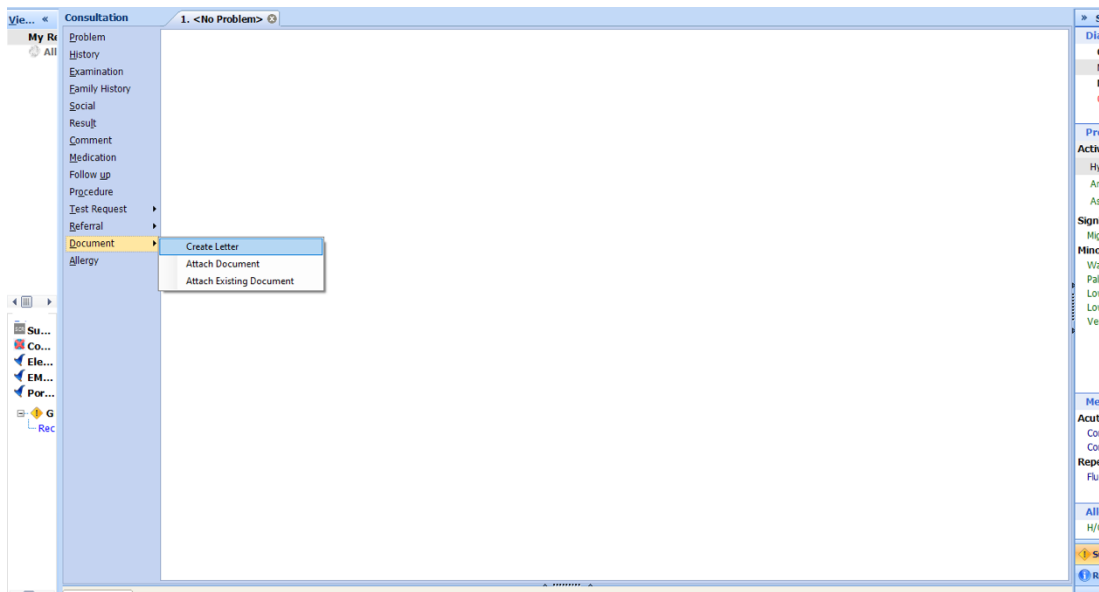


2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net

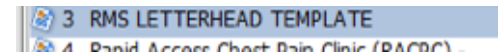


Sleep Study Referral:

1. In an open consultation select 'Document' then 'Create Letter'

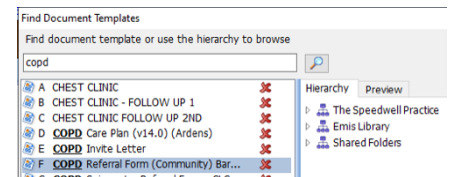


2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



Community COPD:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'COPD Referral Form' and select 'COPD Referral Form (Community) Barnet'
4. Complete the form as below and e-mail to: barnetcopd@nhs.net



The screenshot shows a completed 'Barnet Community COPD Service Referral Form' in a Microsoft Word document. The form is titled 'Central London Community Healthcare NHS' and 'Barnet Community COPD Service Referral Form'. It contains the following information:

Referral process
 Fax/ E-mail completed form to:
E-mail: BarnetCOPD@nhs.net
 For referral to **Hospital at Home** (admission avoidance) contact
Respiratory Nurse Specialist:
Tel No: 07943 828371

Service Referred to:
 Consultant Respiratory Physician Clinic
 Respiratory Nurse Specialist Clinic / Home visit
 Case Management
 Hospital at Home admission avoidance
 (Discuss directly with Respiratory Nurse Specialist)

Reason for Referral:
 See end of the form

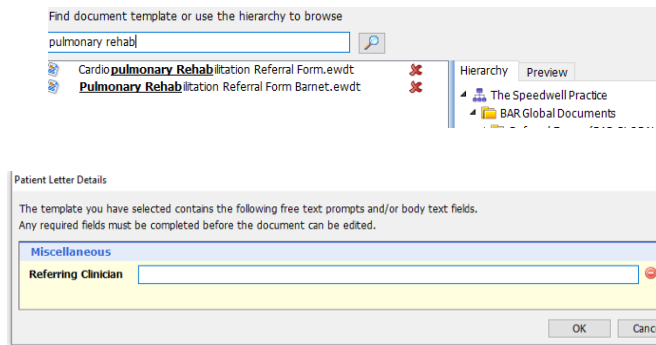
Diagnosis & Past Medical History (or attach printout)
 See below

Medication (list or attach printout)
 See below

MOUSE_Mickey (Mr)
 Resuscitation status (hover for...)
 Thyroxine monitoring advised
 Non-recant TCM

Pulmonary Rehabilitation:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box
- Search 'pulmonary rehabilitation' and select 'Pulmonary Rehabilitation Referral Form Barnet'
- Enter your name in the 'Referring Clinician' pop-up box
- Complete the form as below and e-mail to: barnetcopd@nhs.net



The image shows a Microsoft Word document titled 'Barnet Community Pulmonary Rehabilitation Referral Form'. The form is filled out with patient information for Mickey Mouse. It includes fields for Forename, Surname, DOB, NHS No., Patient Address, Post Code, Daytime Tel No., and Relative / Carers Tel No. There are also sections for 'Referral process' (E-mail completed form to: barnetcopd@nhs.net), 'Past Medical History', 'Medication', 'Spirometry' (FEV1 and FVC results), 'MRC Dyspnoea Scale' (set to 1), 'Oxygen Therapy', and 'SaO2 on air'. A patient list on the right shows 'MOUSE, Mickey (Mr)' with several status indicators.

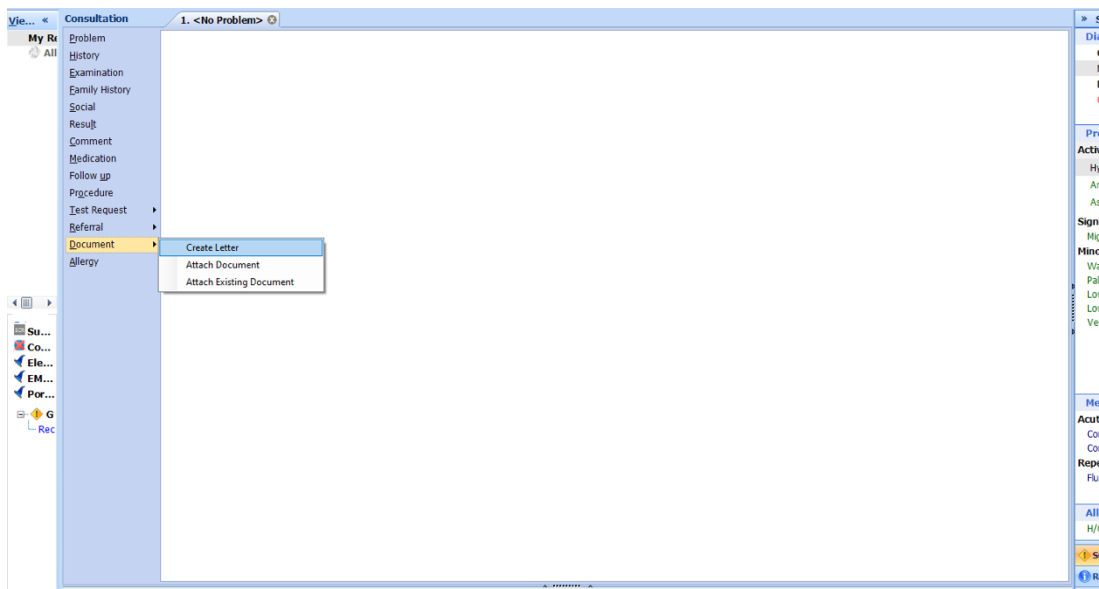
RHEUMATOLOGY:

Contents:

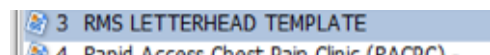
1. General Rheumatology Clinic
2. Early Inflammatory Joint Clinic

General Rheumatology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'

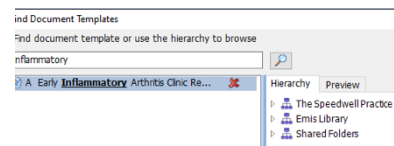


2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



Early Inflammatory Joint Clinic:

1. In an open consultation, select 'Document' then 'Create New'.
2. Click on the magnifying glass in the pop-up box
3. Search for 'inflammatory' and select 'Early Inflammatory Arthritis Clinic Referral'
4. Complete the form as below and save the form into your consultation



ROYAL FREE LONDON
EARLY INFLAMMATORY ARTHRITIS CLINIC
 This is a Rapid Access Clinic for the early diagnosis and management of suspected inflammatory arthritis and psoriatic arthritis.

Royal Free London **NHS**
 NHS Foundation Trust

Important: Please complete all sections of this form and email to the address below for the attention of EIA Rapid Access Clinic

Preferred Site	Site:	Consultant:	Email:	Tel:
<input checked="" type="checkbox"/>	Barnet Hospital	Dr Rapti Mediwake	Send via ERS	0207 443 9757
<input type="checkbox"/>	Chase Farm Hospital	Dr Philip Shea-Simonds		
<input type="checkbox"/>	Potters Bar Community Hospital	Dr Caroline Smith		
<input type="checkbox"/>	Edgware Community Hospital	Dr Philip Shea-Simonds		

PATIENT DETAILS		GP DETAILS	
NHS Number		Referring GP	QAYYUM, Natasha (Dr)
Hospital Number		Practice Address	The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
First Name	Mickey		
Title & Surname	Mr Mouse		
Gender	Male	Practice Code	E63310
Date of Birth	01-Jan-1983	Telephone	020 8445 7587
Address	16 Torrington Park, Finchley, London, N12 9SS	Fax	
Telephone (home)		Email (nhs.net only)	patients.speedwell@nhs.net
Telephone (work)		Interpreter required	Y/N
Telephone (mobile)	07309804484	Language	Main spoken language Arabic
		Ethnicity	Albanian - ethnic category 2001 census

INVESTIGATIONS (please tick box)
 Please undertake the following investigations at the site specified. If done elsewhere please give the patient a copy of the results to bring to their appointment. (Do not delay referral while awaiting results).

Investigation	Site	Done
FBC, U&E, LFT		<input type="checkbox"/>
ESR OR CRP		<input type="checkbox"/>
Rheumatoid Factor and Anti-CCP antibodies		<input type="checkbox"/>
Xray hands, feet (only if affected, please perform at sites above if possible)		<input type="checkbox"/>

5. Either task the secretary team to book the appointment or book the time and date through your own ERS log-in

SEXUAL HEALTH:

Sexual Health Clinics:

1. Patients can self-refer to the following sexual health clinics, but going on the corresponding website and following the on-screen instructions:
 - a. The Archway Sexual Health Clinic:
<https://www.sexualhealth.cnwl.nhs.uk/clinic/archway-centre/>
 - b. Mortimer Market Centre:
<https://www.sexualhealth.cnwl.nhs.uk/clinic/mortimer-market-centre-including-margaret-pyke-centre/>
 - c. Edgware Community Hospital:
<https://www.sexualhealth.cnwl.nhs.uk/clinic/edgware-community-hospital/>
 - d. Vale Drive Primary Care Centre:
<https://www.sexualhealth.cnwl.nhs.uk/clinic/vale-drive-primary-care-centre/>

SURGICAL SERVICES

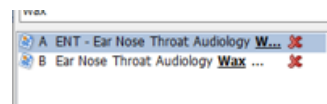
Contents:

1. ENT
2. General Surgery
3. Gynaecology & Fertility
4. Neurosurgery
5. Ophthalmology
6. Orthopaedics, MSK & Physiotherapy
7. Urology
8. Vascular Surgery

ENT:

ENT/Audiology/Microsuction Referrals:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box
- Search 'wax' and select the document entitled 'ENT – Ear Nose Throat Audiology'
- Complete the form as below and e-mail to: barnet-routine.referrals@nhs.net



Barnet Clinical Commissioning Group
Barnet Community ENT, Wax Removal & Audiological Hearing Loss Referral Form
 (Referred patients must be 18 years old and over)
 Send all referrals to Barnet Referral Management Service (RMS): barnet-routine.referrals@nhs.net
 Requested Additional Information referrals: barnet-requested-information@nhs.net

Patient's Choice of Audiology and/or Microsuction (ear wax removal) Location <input type="checkbox"/> Audiological Science at Millway Medical Practice 2 Hartley Avenue, London, N17 2HK T: 0203 228 8819 <input type="checkbox"/> Audiological Science at Hearing Aid Centre 5 Hoop Lane, London, NW11 6UR T: 0203 228 8819 <input type="checkbox"/> Audiological Science at St Andrews Medical Practice, 50 Cavendish Rd St Andrews, London W2 3EX <input type="checkbox"/> DOMICILIARY CARE (it is compulsory to complete criteria on last page)	Telephone Number: 0208 446 0697 Mobile Number: 07880340158 Referring GP: GAYLIM, Mustafa (M) Practice Name: The Speedwell Practice Interpreter Required (ENT only): <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Required (ENT only): <input type="checkbox"/> Yes <input type="checkbox"/> No Transport Required (ENT only): <input type="checkbox"/> Yes <input type="checkbox"/> No Transport details:
--	--

ADVICE & GUIDANCE - Can this referral be dealt with via email advice from consultant. Advice and Guidance can be sought via e-RS

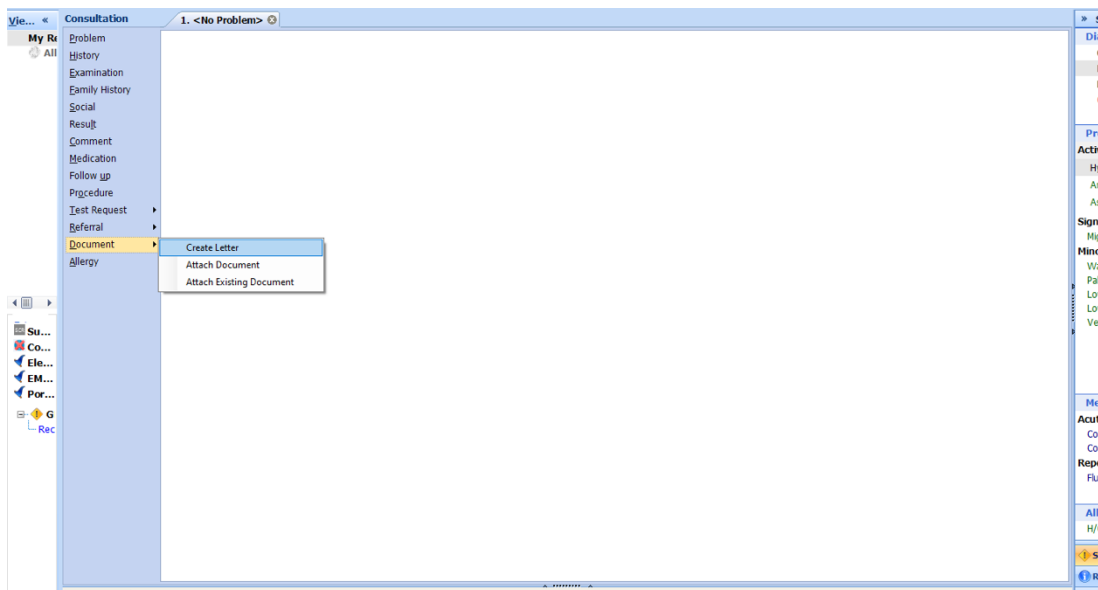
Reason for ENT referral
 (Royal Free Hospital NHS London / University College Hospital NHS London)

<input type="checkbox"/> Ears	<input type="checkbox"/> Nose	<input type="checkbox"/> Throat
<input type="checkbox"/> Otitis	<input type="checkbox"/> Nasal blockage	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Otosclerosis	<input type="checkbox"/> Rhinorrhoea	<input type="checkbox"/> Globus pharyngeus

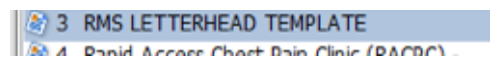
GENERAL SURGERY:

General Surgery Referral:

1. In an open consultation select 'Document' then 'Create Letter'



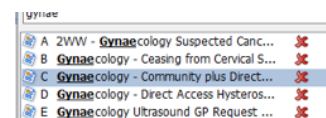
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



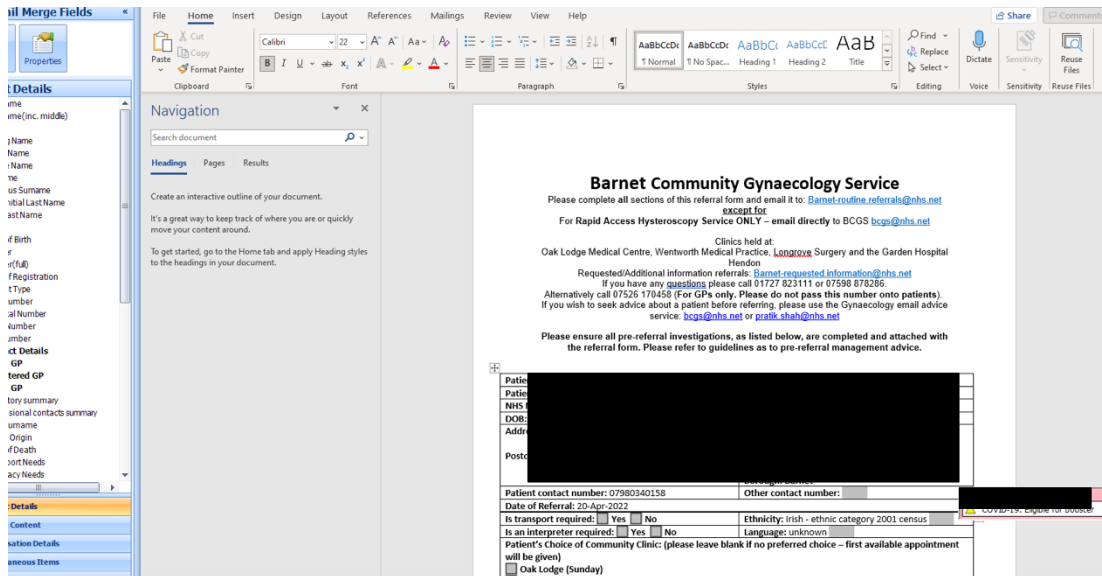
GYNAECOLOGY & FERTILITY:

Gynaecology Clinic:

1. This referral form can be used to refer a patient to gynaecology, for hysteroscopy, to HRT clinic and to fertility clinic
2. In an open consultation select 'Document' then 'Create Letter'
3. Click on the magnifying glass in the pop-up box
4. Search 'Gynaecology' and select 'Gynaecology – Community'



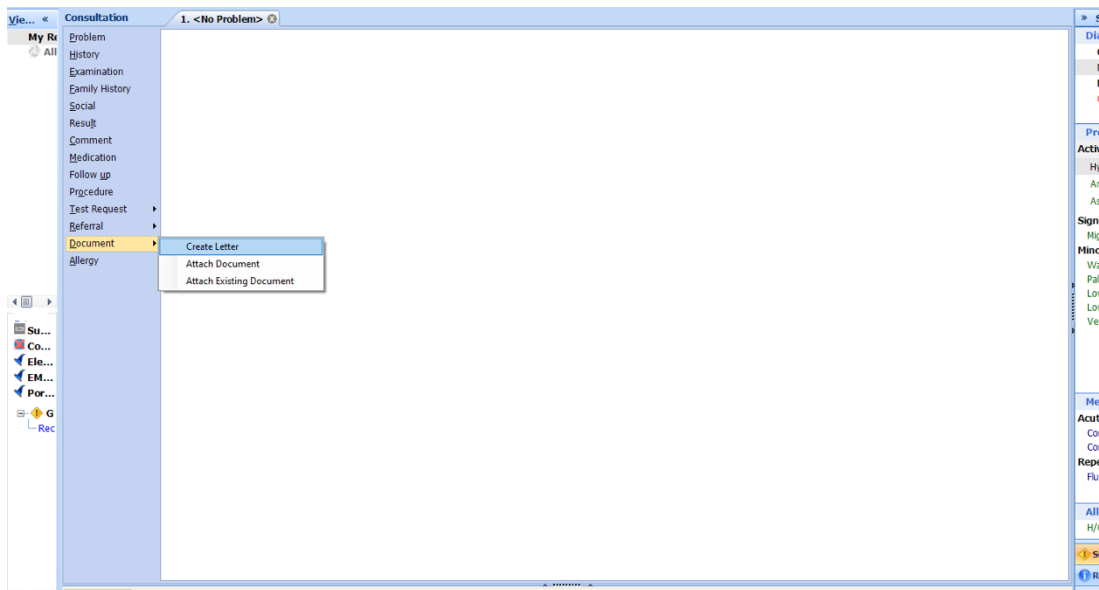
5. Complete the form as below and e-mail to: barnet-routine.referrals@nhs.net



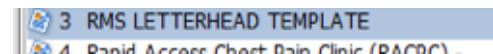
NEUROSURGERY:

Neurosurgery Referral:

1. In an open consultation select 'Document' then 'Create Letter'



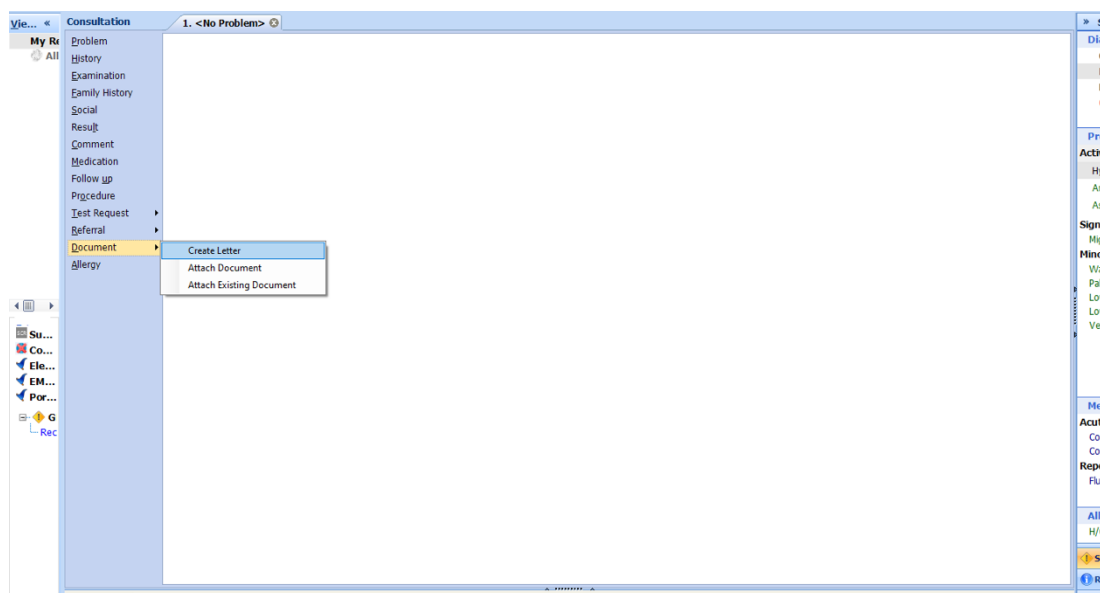
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



OPHTHALMOLOGY:

General Ophthalmology Referral:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter and attach all relevant information including optician assessments. Send it to: barnet-routine.referrals@nhs.net

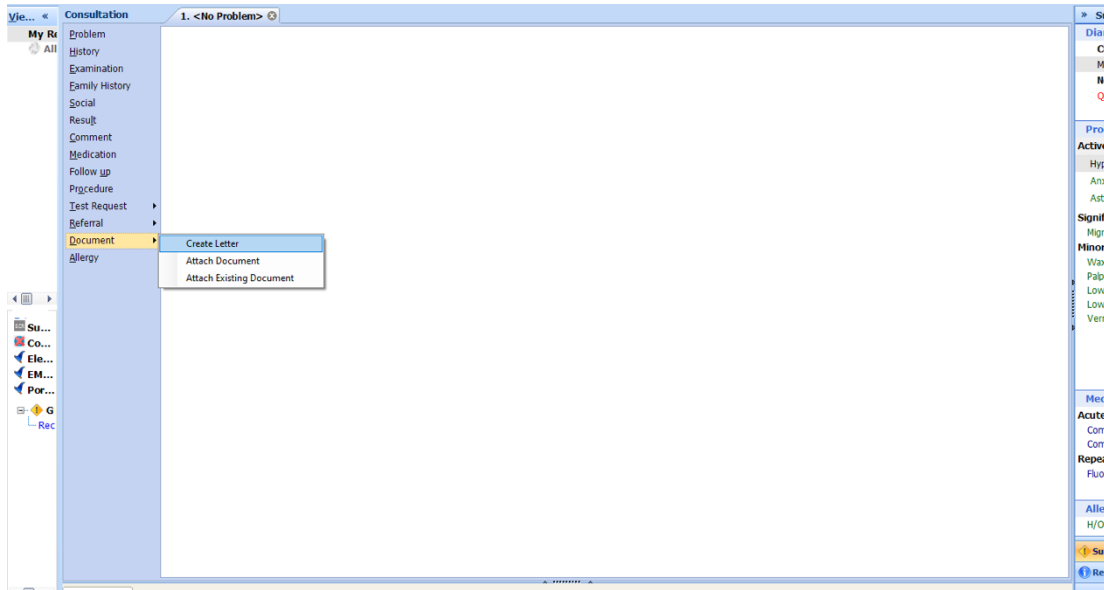
ORTHOPEADICS, MSK & PHYSIOTHERAPY:

Contents:

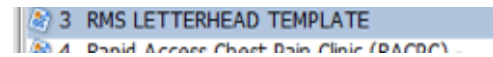
1. General Orthopaedic Referral
2. Fracture Clinic Referral
3. MSK Clinic & Physiotherapy Referrals
4. Acute Knee Injury Clinic

General Orthopedic Referral:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net

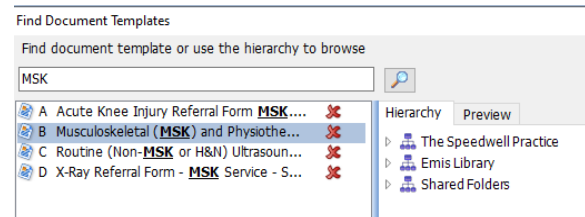


Fracture Clinic:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: rf-tr.orthosecsbcf@nhs.net

MSK/Physiotherapy Referral:

1. This referral form can be used to refer to the MSK clinic or to physiotherapy
2. The MSK clinic has advanced physiotherapists who are able to refer patients onwards for further investigations
3. In an open consultation select 'Document' then 'Create Letter'
4. Click on the magnifying glass in the pop-up box
5. Search 'MSK' and select 'Musculoskeletal (MSK) and Physiotherapy'
6. Complete the form as below and e-mail MSK referrals to: barnet-routine.referrals@nhs.net and physiotherapy referrals to: clcht.mskphysiotherapy@nhs.net



Barnet
Clinical Commissioning Group

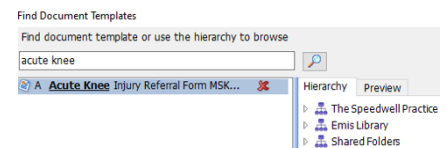
Integrated Community Musculoskeletal (ICMSK) and Physiotherapy Service
Referral Form (Barnet GPs only)

Patients referred must be 18 years old and over.
If you are referring the patient for MSK send via RMS (Barnet-routine.referrals@nhs.net)
Requested/Additional information referrals: Barnet-requested.information@nhs.net
If you are referring the patient for Physiotherapy send directly (clcht.mskphysiotherapy@nhs.net)

Patient details			
Family name	Mouse	Title	Mr
Forename	Mickey	Preferred name	Mickey
NHS number		Date of birth	01-Jan-1983
Gender	Male	Ethnicity	Albanian - ethnic category 2001 census
Permanent address	16 Torrington Park, Finchley, London, N12 9SS	Home tel	
		Mobile no	07309804484
		Email	franceswallace@nhs.net
Postcode	N12 9SS		
Referrer details			
GP practice name	The Speedwell Practice	GP name	QAYYUM, Natasha (Dr)
GP address	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	Work no	020 8445 7587
Postcode	N12 9SS	Email	patients.speedwell@nhs.net

Acute Knee Injury Clinic:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'Acute Knee Injury and select 'Acute Knee Injury Referral Form'
4. Complete the form as below and e-mail to: barnet-routine.referrals@nhs.net and to: clcht.mskphysiotherapy@nhs.net



ACUTE KNEE INJURY REFERRAL FORM

Integrated Community Musculoskeletal (ICMSK) Service Referral Form (Barnet GPs only)

For adults aged 17+ with an acute knee injury onset within the last three weeks
Patients will be seen within one to two weeks.

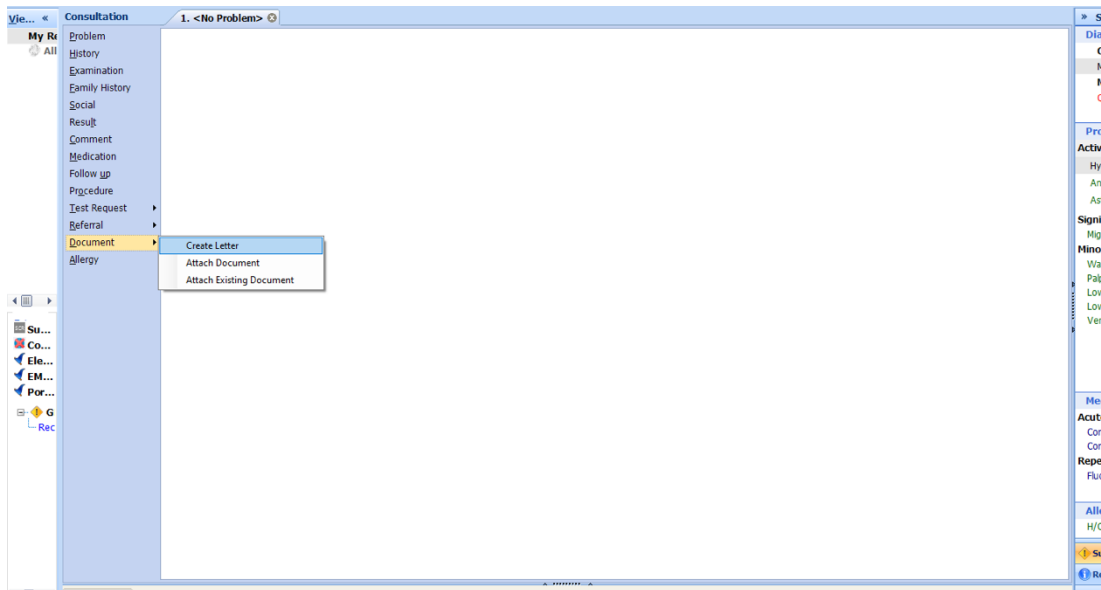
Please ensure that any haemarthrosis, fractures, inflammatory or other urgent cases are **not** referred to this service.

Patient details			
Family name	Mouse	Title	Mr
Forename	Mickey	Preferred name	
NHS number	Not known	Date of birth	01-Jan-1983
Gender	Male	Ethnicity	Albanian - ethnic category 2001 census
Permanent address	16 Torrington Park, Finchley, London, N12 9SS	Home tel	
		Work tel	
		Mobile no	07309804484
		Email	franceswallace@nhs.net
Postcode	N12 9SS	Borough	Barnet
Referrer details			
GP practice name	The Speedwell Practice	GP name	QAYYUM, Natasha (Dr)
GP address	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	Work no	020 8445 7587
		Fax no	
Postcode	N12 9SS	Email	patients.speedwell@nhs.net
Date of referral	17-May-2022		
Preferred Community Hospital Site			
<input type="checkbox"/> Edgware Community Hospital <input type="checkbox"/> Finchley Memorial Hospital			

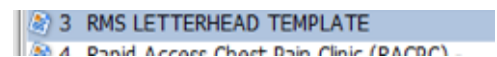
UROLOGY:

General Urology Referral:

1. In an open consultation select 'Document' then 'Create Letter'



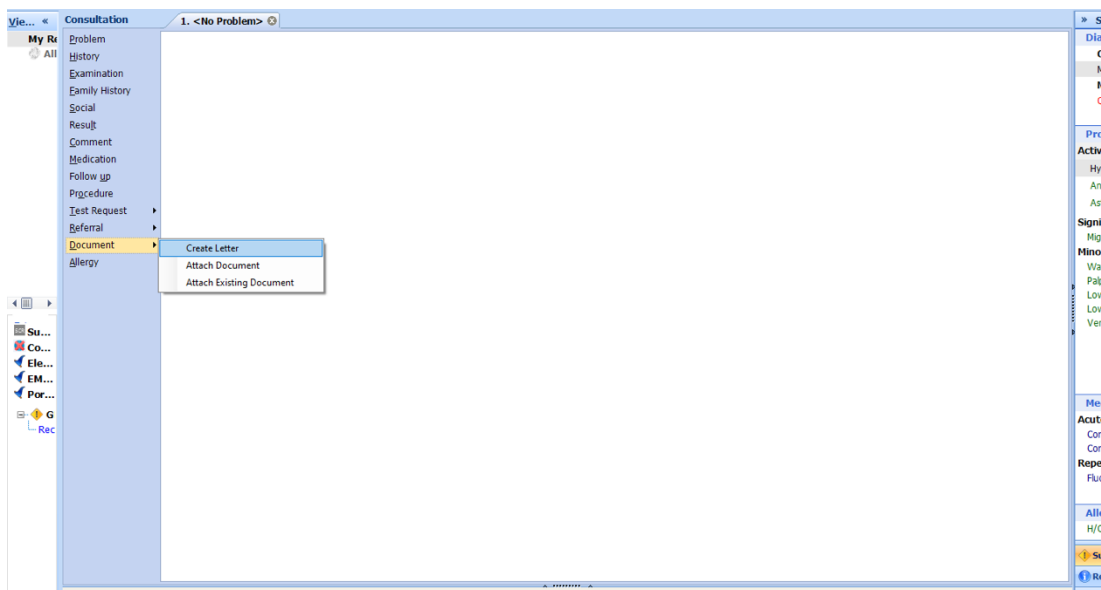
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



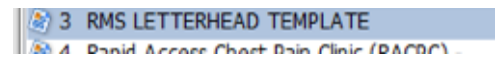
VASCULAR SURGERY:

General Vascular Clinic Referral:

1. In an open consultation select 'Document' then 'Create Letter'



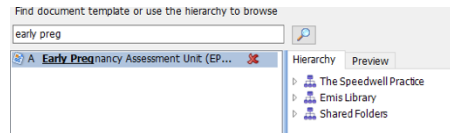
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



OBSTETRIC/PREGNANCY RELATED SERVICES

EPAU (Early Pregnancy Unit):

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'Early Pregnancy Assessment' and select 'Early Pregnancy Assessment Unit'
4. Complete the form as below and e-mail to: rf-tr.bh-epaquFAX@nhs.net
5. For urgent advice phone: 02082165233



NHS
Barnet
Clinical Commissioning Group

Early Pregnancy Assessment Unit (EPAU)
Please complete all sections and email to the site where you wish your patient to be seen.
Barnet Hospital: RF-TR.BH-epaquFAX@nhs.net for urgent advice call: 020 8216 5233 (Location 1st floor)
Royal Free Hospital: RF-tr.epaqu@nhs.net for urgent advice call: 020 7472 6374 (Located 5th Floor - 5 East A)

Patient details:		Preferred name	
Title	Mr	Preferred name	Mickey
Family name	Mouse	Date of birth	01-Jan-1983
Forename	Mickey	Age	39y
NHS number		Ethnicity	Albanian - ethnic category 2001
Permanent address	16 Torrington Park, Finchley, London, N12 9SS	Home tgl	
		Mobile no	07932961477
		Email	[REDACTED]
		Physical/Communication Difficulties (specify support requirements, if any)	
Postcode	N12 9SS	If interpreter required, language:	Main spoken language Arabic
Referrer details:		GP name	
GP practice name	The Speedwell Practice	GP name	QAYYUM, Natasha (Dr)
GP address	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	Tel no	020 8445 7587
Postcode	N12 9SS	Fax no	
Date of referral	20-Apr-2022	Email	patients.speedwell@nhs.net
Parity & Obstetric History			
Last Menstrual Period (LMP)	No events found.		
Previous ectopic/miscarriages			
Reason for referral: Consultations			
Date	Consultation Text		
12-Apr-2022 10:24	Telephone consultation (THE SPEEDWELL PRACTICE) LANDI,		

MOUSE, Mickey (Mr)

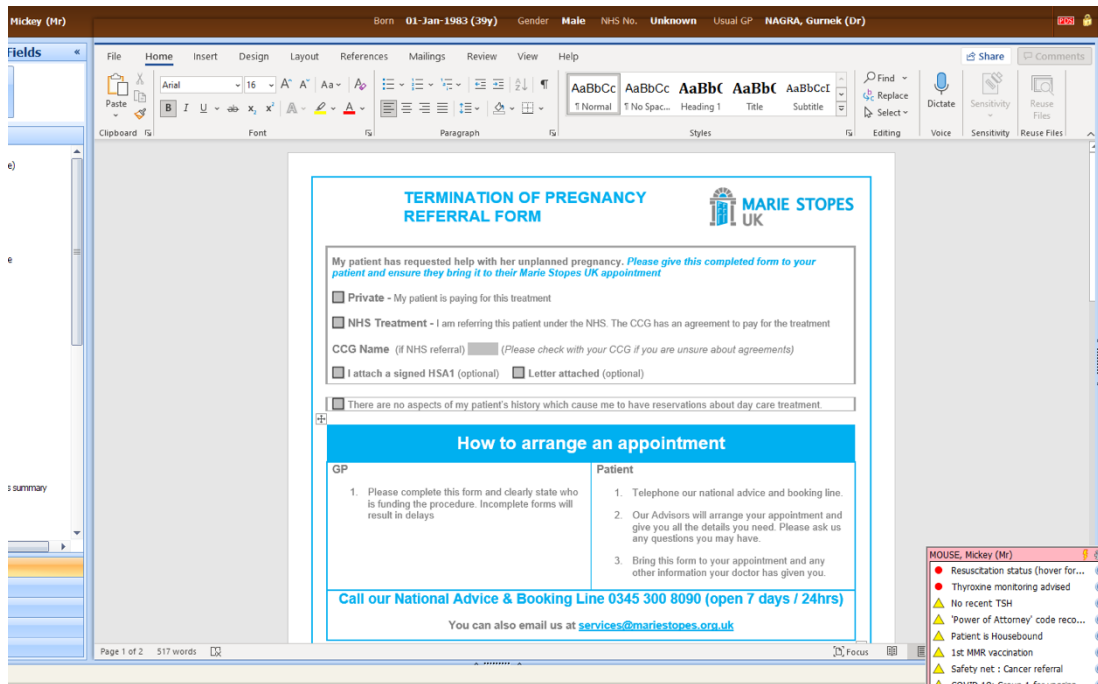
- Resuscitation status (hover for
- Zww Fast track ref - ? not see
- Thyroxine monitoring advised
- No recent TSH
- ▲ 'Power of Attorney' code reco

Termination of Pregnancy:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box
- Search 'Marie Stopes' and select 'Termination of Pregnancy Leaflet Marie Stopes'
- On the below form ensure the box next to 'NHS Treatment' is selected.



- Send the form to the patient and advise them to call '03453008090' (line open 24/7) to book an appointment time and date



ADULT MENTAL HEALTH

CONTENTS:

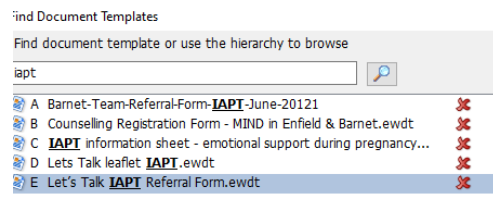
Contents:

1. IAPT (CBT)
2. Link Worker & General Psychiatry
3. CRISIS Team
4. Adult ADHD/ASD
5. Eating disorder clinic
6. Gender identity clinic

REFERRALS:

IAPT (referral for CBT):

1. In an open consultation select 'document' then 'create new'
2. Search for 'IAPT' and select the form entitled 'Let's Talk IAPT Referral Form'
3. Completed the form as below and e-mail it to: lets-talk-barnet@nhs.net
4. Alternatively make an online referral or get the patient to completed their own self-referral on the following website: www.lets-talk-iapt.nhs.uk/refer



A screenshot of a Microsoft Word document containing the 'Let's Talk IAPT Referral Form'. The form is titled 'Let's Talk IAPT Referral Form' and includes the following fields and instructions:

LET'S TALK TALKING YOUR WAY TO BETTER MENTAL HEALTH

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Let's Talk IAPT Referral Form

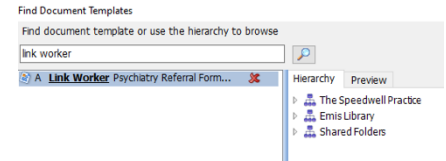
Improving Access to Psychological Therapies Service (IAPT) is a confidential NHS service providing easy access to psychological therapies for people experiencing depression and anxiety. To make a referral online, visit www.lets-talk-iapt.nhs.uk/refer.

Please ensure that you complete all of the fields

Name: Mr Mickey Mouse	Date of Birth: 01-Jan-1983	Gender: Male
NHS number:	GP Name: PRACTICE, The Speedwell (Dr)	
Address: 16 Torrington Park, Finchley, London, N12 9SS	GP Address: The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	
Postcode: N12 9SS	Please note that your GP and Health Visitor (if applicable) will be kept informed of your referral.	
Date of referral: 14-Jul-2022	Preferred Contact Number: / 07309804484 / []	
OK to leave voice messages: Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
OK to send text messages: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, in which language? Main spoken language Arabic []	
OK to communicate via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a self-referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email: franceswallace@nhs.net []	If this is not a self-referral, please provide referrer's name, address and telephone number if different from the GP details above.	
What is the main problem that you would like help with, and how is it affecting your life? []		
How did you hear about us? []		

Link Worker & General Psychiatry:

1. To refer to the psychiatry team refer via the link worker
2. In an open consultation select 'document' then 'create letter'
3. Click on the magnifying glass in the pop-up box and search for 'link worker'.
4. Select 'Link Worker Psychiatry Referral Form' and complete the form as shown below. E-mail to the relevant locality team.



Page 1 of 2

Referral Form

Please send referral by email to beh-tr.eastlocalityteam@nhs.net

Consent given for referral to BEH-Mental Health Trust and Barnet Local Authority.

Yes

No

Consent given to share case records between Primary Care, BEH-Mental Health Trust, and Barnet Local Authority.

Yes

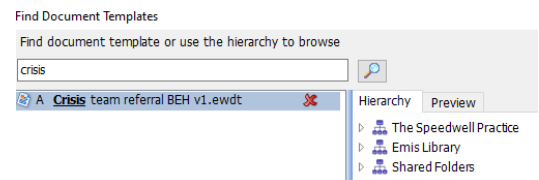
No

Referrer Name	QAYYUM, Natasha (Dr)
Primary Care Practice	The Speedwell Practice

NHS Number: _____ Title: _____ Mr

CRISIS Team:

1. Self-referral:
 - a. The CRISIS team are available for the patient to call 24/7 and 7 days a week
 - b. Ask the patient to phone: 02087024040 **(NB - this number was accurate as of 14/07/22)**
2. Clinician Referral:
 - a. If you have a patient in clinic who needs an urgent CRISIS team review you will need to create a referral letter and phone the team
 - b. To find the letter, select 'document' then 'create letter' in an open consultation. Next click on the magnifying glass in the pop-up box and search 'crisis'
 - c. Select 'Crisis Team Referral BEH' and complete the letter as below. E-mail to: beh-tr.behcrisis.telephoehub@nhs.net
 - d. Then phone 08001510023 to discuss the case



Barnet, Enfield and Haringey **NHS**
Mental Health NHS Trust
A University Teaching Trust

BEH Crisis Telephone Service URGENT REFERRAL FORM

*Please use this form for all Barnet, Enfield and Haringey Crisis Telephone Services urgent referrals.
Please complete and return to the relevant service:*

27-May-2022

Urgent (requiring face to face assessment within 24 hours)

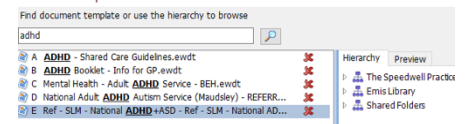
**Referral email: beh-tr.behcrisis.telephonehub@nhs.net
Please call 0800 151 0023 to confirm receipt and for discussion**

GP Information

Name: QAYYUM, Natasha (Dr)	Referral Clinicians Contact details:
Surgery: The Speedwell Practice	Name: _____
Address: The Speedwell Practice 16 Torrington Park	Mobile: _____
Postcode: North Finchley London N12 9SS	Email: _____
	(Do not provide generic practice contact details)

Adult ADHD/ASD Referral:

1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
2. Search for 'ADHD' and select 'Ref - SLM - National ADHD+ASD - Ref'
3. Complete the form and e-mail to: adhdasdadmin@slam.nhs.uk
4. If the referral is for ASD, ask the patient to complete an AQ10 questionnaire and attach it to the e-mail



National ADHD & ASD Outpatient Clinic, Maudsley Hospital **NHS**
South London and Maudsley
NHS Foundation Trust

National ADHD/ASD REFERRAL FORM

Guidance – page 1 & 2
Referral Form – pages 3 – 9

Please use **BLOCK CAPITALS** for sections 1 and 2.

Please ensure the form is completed in full – incomplete forms will not be processed and returned to the referrer.

Where they exist, this referral form **must** be accompanied by:

- (1) correspondence re prior ADHD/ASC diagnosis, detailing when, where and how by this diagnosis was made, including information on the assessments that were used in this process
- (2) neuropsychological reports
- (3) correspondence re co-morbid disorders
- (4) current risk assessments which includes historical risk information
- (5) other relevant clinical information.

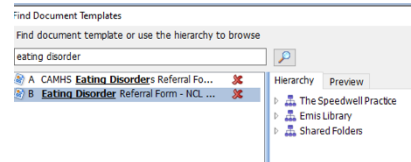
Psychological treatment will only be offered if the service user has been previously diagnosed by a suitably trained professional or recognised clinic. If a previous diagnosis has not been made a referral for an initial diagnostic assessment is required. If indicated, a separate referral for psychological intervention can be made following this.

Failure to provide these reports will result in delayed care for your patient because we will not proceed with your referral without them.

Please send the completed referral including accompanying information to adhdasdadmin@slam.nhs.uk

Eating Disorder Clinic:

1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
2. Search for 'eating disorder' and select 'Eating Disorder Referral Form'
3. Complete the form and e-mail to: beh-tr.referrals-eatingdisorder@nhs.net



Please return via:
Email: beh-tr.referrals-eatingdisorder@nhs.net
Post: Eating Disorder Outpatients, G-Block, St Ann's Hospital, St Ann's Road, Tottenham, London N15 3TH
****Please attach recent blood results (for all referrals) and ECG details if BMI below 15 kg/m²****
****Please attach current feeding regimen if the patient is being tube-fed.**

These fields are mandatory:

Date of Referral: 23-May-2022
 Is this referral urgent? Yes No
 (If yes, please provide details):

Referrer Details:
 Name and Address of Referrer: [Redacted] Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
 Tel No: 020 8445 7587
 Email (NHS.net if available): patients.speedwell@nhs.net

Demographic Information:
 Name of Patient: Mr Mickey Mouse
 NHS Number: [Redacted] Marital Status: Married
 Date of Birth: 01-Jan-1983
 Address: 16 Torrington Park, Finchley, London, N12 9SS
 Ethnicity: Albanian - ethnic category 2001 census
 Name and address of GP: [Redacted] Well Practice
 The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
 CCG: North Central London
 Interpreter Required? Yes No (If yes please specify:)

Clinical Information:

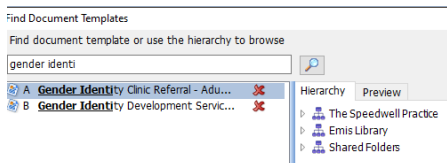
BMI:	Date	Description	Value
	12-Apr-2022	Body mass index	36.1

Height:

Date	Description	Value	Units

Gender Identity Clinic:

1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
2. Search for 'gender identity' and select 'Gender Identity Clinic Referral'
3. Complete the form and e-mail to GIC.adminstration@nhs.net



Referral to the Gender Identity Clinic
In order to assist us with processing your referral form, when submitting your form please email in a PDF version to the GIC.adminstration@nhs.net Thanking you in advance.

Please do not send blood work with the referral form. Bloods will be requested if and when it is necessary.

All sections of the form are compulsory and must be completed to ensure the referral is accepted. Breast augmentation, thyroid chondroplasty (tracheal shave) or cricothyroid approximation (vocal pitch) surgery are not currently funded by NHS England Specialist Commissioning.

Fields marked with an asterisk (*) are required. Please ensure the required fields are completed to ensure the referral is accepted. Incomplete referral forms will be rejected.

Date of Referral: 23-May-2022

Patient Details

Full Legal Name *	Mickey Mouse	Sex assigned at Birth * <small>please tick</small>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Preferred name (if different)	Mickey	Date of Birth *	01-Jan-1983
Address *	16 Torrington Park, Finchley, London, N12 9SS	NHS Number *	
		Patient Mobile *	07309804484

SOCIAL INPUT

CONTENTS:

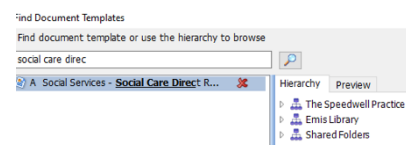
Contents:

1. Occupational therapy + Adult Safeguarding
2. Social prescriber
3. Wheelchair referral

REFERRALS:

Social Care Barnet – Occupational Therapy & Adult Safeguarding Referrals:

1. This service can be used to refer a patient to occupational therapy and also to refer an adult for safeguarding concerns
2. In an open consultation select 'Document' then 'Create Letter'
3. Click on the magnifying glass icon on the pop-up window
4. Search 'social care direct' and select 'Social Services – Social Care Direct Barnet'
5. Complete the below form and e-mail to: socialcaredirect@barnet.gov.uk

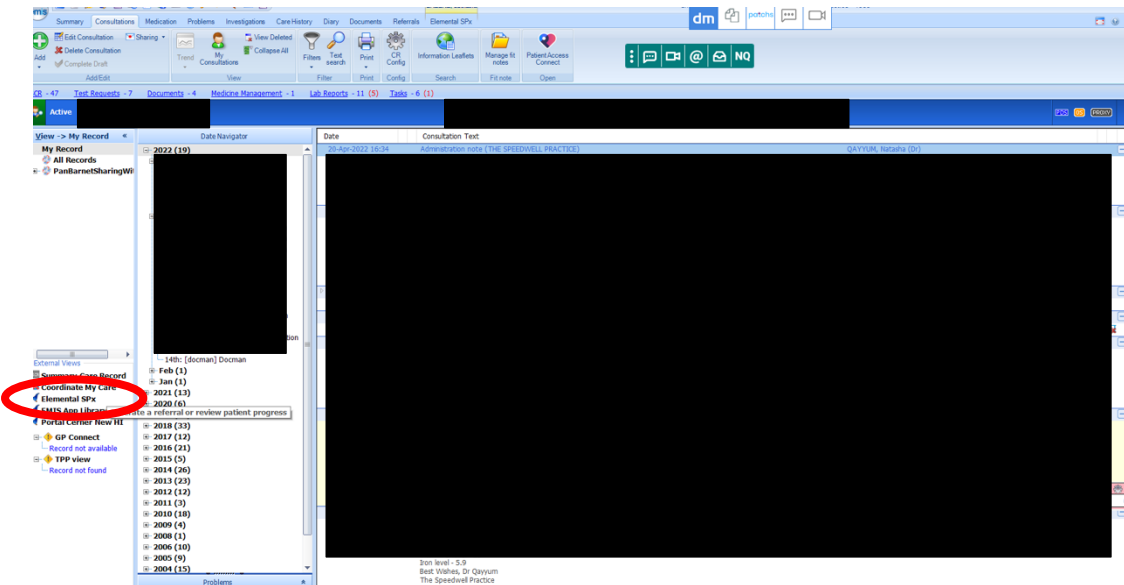


BARNET LONDON BOROUGH	
Adults and Communities	
Professional referral form to Social Care Direct	
Section 1: Provider details	
Name of referrer	Date: 17-May-2022
Profession	GP
Telephone Number	020 8445 7587
Best time to contact	
Email	patients.speedwell@nhs.net
Organisation	The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
Section 2: Reason for Referral	
Please provide brief details for your referral	
Section 3: Client details	
Name of Adult	Mr Mickey Mouse
D.O.B of Adult	01-Jan-1983
Ethnicity	Albanian - ethnic category 2001 census
Faith	
Primary Client group	Physical Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV <input type="checkbox"/>
	Older People <input type="checkbox"/> Older People <input type="checkbox"/>
	Learning Disabilities <input type="checkbox"/> Substance misuse <input type="checkbox"/>
Address	16 Torrington Park, Finchley, London, N12 9SS
Telephone Number	/ 07309804484
GP's Surgery name and address	The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
Next of kin details	

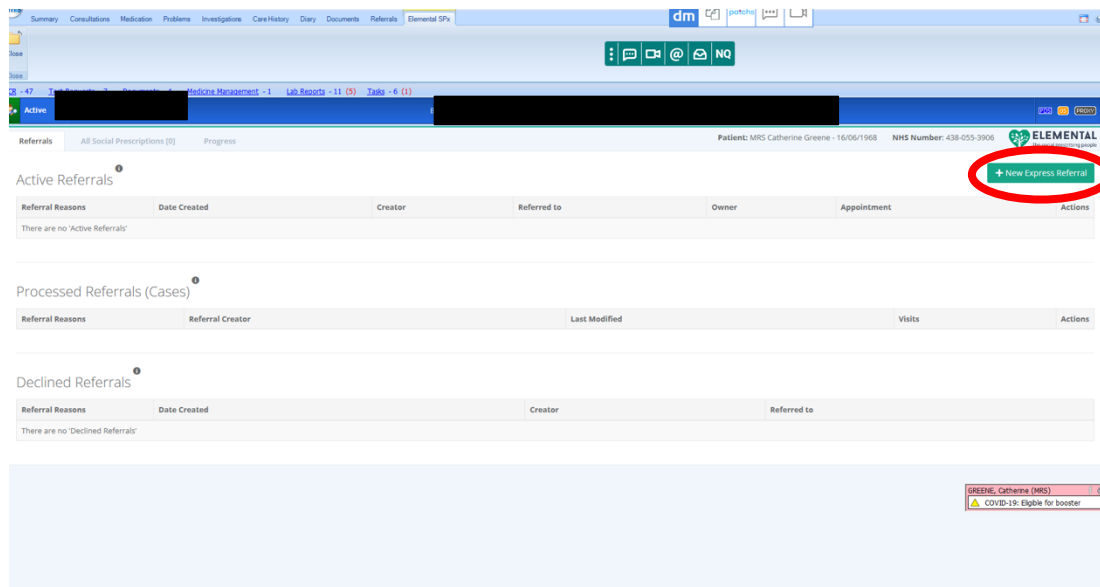
Social Prescriber:

1. After selecting an active patient, open their consultation screen

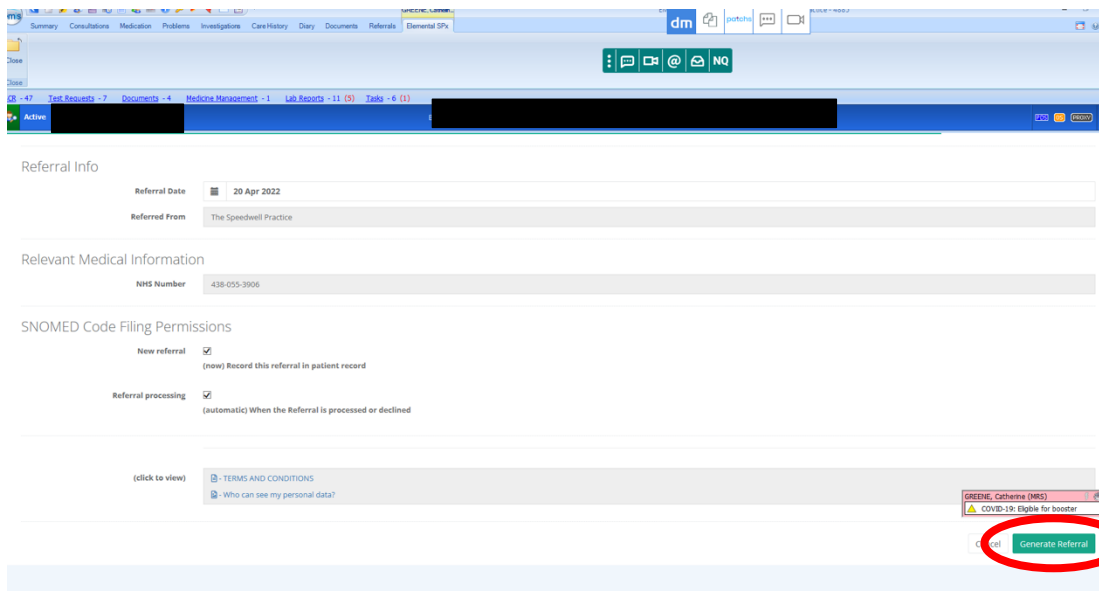
2. In the left-hand column select 'Elemental SPx'



3. Select 'New Express Referral'

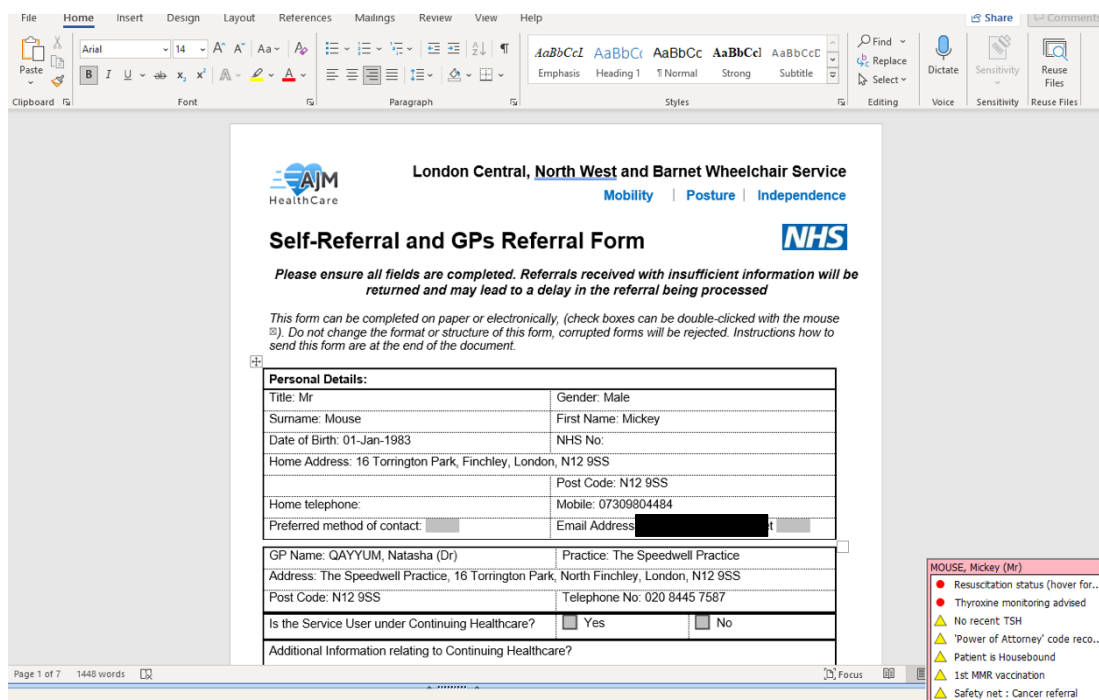
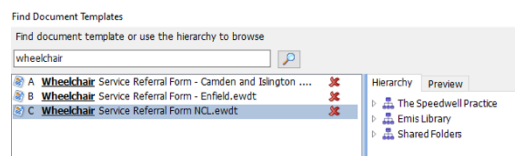


4. Fill in the details and select 'Generate Referral' in the bottom right-hand corner



Wheelchair Service:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass icon on the pop-up window
3. Search 'wheelchair' and select 'Wheelchair Service Referral Form NCL'
4. Complete the below form and e-mail to: ajm.healthcare@nhs.net



REFUGEE AND ASYLUM SEEKER SPECIFIC SERVICES

CONTENTS:

Contents:

1. New Citizen’s Gateway
2. Persian Advice Bureau

REFERRALS:

The New Citizen’s Gateway:

1. This is a registered charity with the aim to support the health and wellbeing of refugees and asylum seekers
2. It is found here: <http://www.ncgateway.org.uk>
3. It hosts a variety of services for individuals including: counselling and emotional support, ecotherapy, women’s group, men’s group and one-to-one emotional support specifically for refugees from Syria
4. Many services are self-referrals
5. To complete a referral for emotional support visit the following website: <http://www.ncgateway.org.uk/our-services/emotional-support/>
6. Download the form for either adult or family counselling
7. Complete the form and e-mail to ellie@ncgateway.org.uk



COUNSELLING & EMOTIONAL SUPPORT

One to one Talking Therapy

Our talking therapy service is designed to offer an integrative counselling and emotional support service for individuals in exile whose first language is not English. Adhering to the NICE Guidelines, bilingual qualified practitioners from different cultures and backgrounds are providing one to one therapy within BACP framework with the support of clinical supervisors. The service also offers opportunities for clinical placements to bilingual counsellors with appropriate training and language skills. Placements are supported with regular supervision and access to further training. We do accept self-referrals.

Group Activities

We provide variety of group activities to improve the mental wellbeing of refugees and asylum seekers who are suffering from any kind of mental health problems. The activities include Yoga classes, group therapy, art therapy, drama therapy, mindfulness, and psycho-social activities such as photography, gardening, weekend

To make a referral please see the form below:
[Adults-Counselling-Referral-Form](#)

And for family and couple counselling referrals :
[Families-and-Couples-Counselling-Referral-Form](#)

Persian Advice Bureau:

1. This is a registered charity which aims to provide assistance and advocacy to refugees and asylum seekers in the UK. In particular to Farsi speakers.
2. Patients can self-refer by e-mailing: info@persianadvicebureau.co.uk

MISCELLANEOUS SERVICES:

CONTENTS:

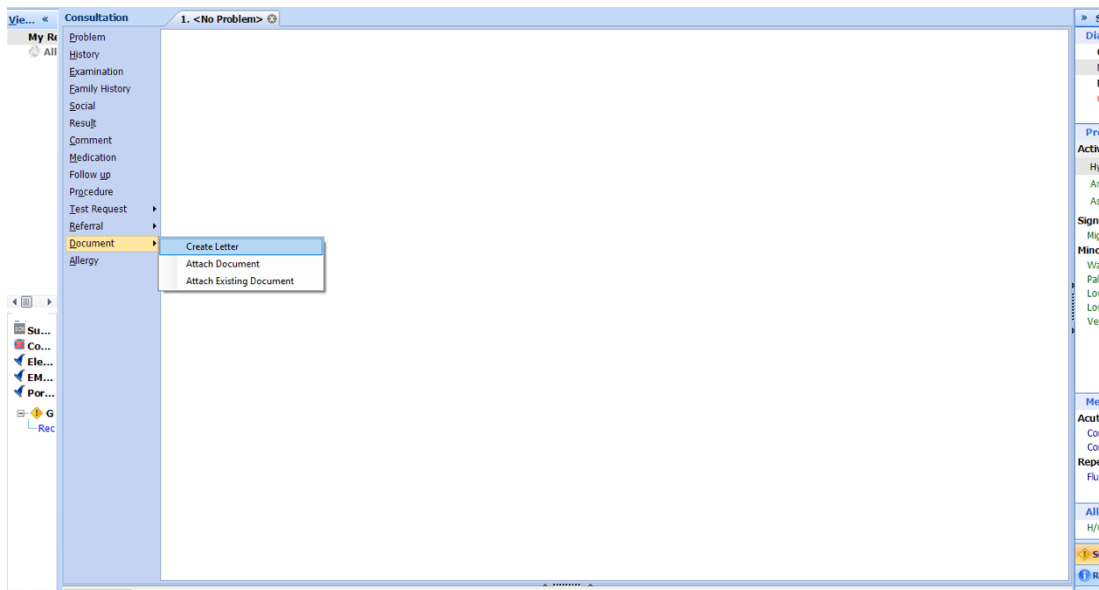
Contents:

1. Pain clinic
2. Genetic services
3. Anticoagulation clinic
4. Coroner referral
5. Healthwise (weight loss programme)
6. Podiatry
7. Vasectomy
8. TVN (Tissue Viability)
9. District nurses
10. SALT, community PT and OT
11. EBICS

REFERRALS:

Pain Clinic Referral:

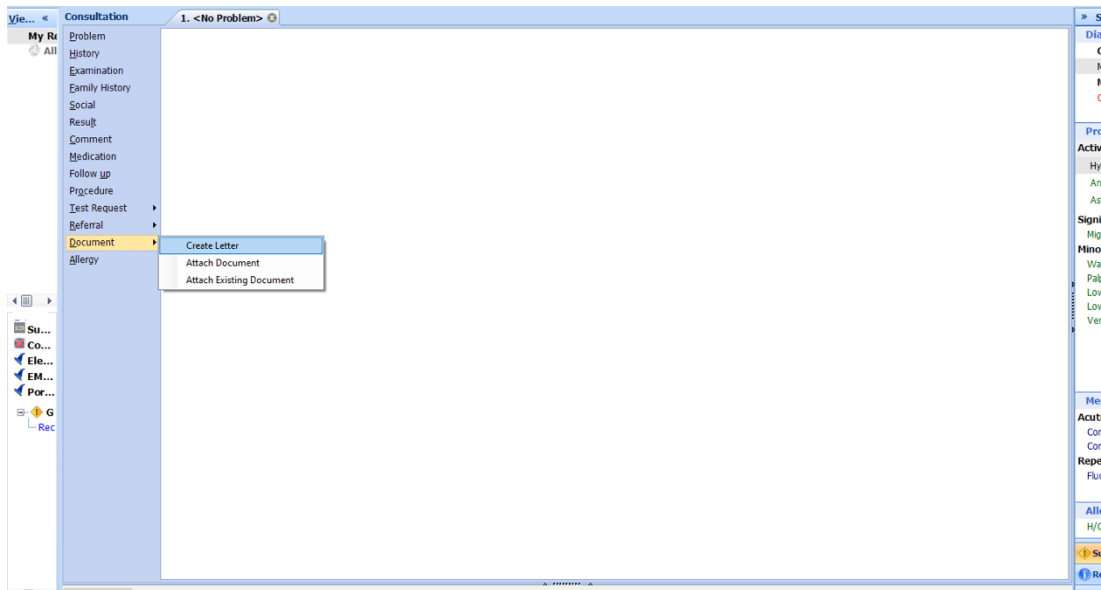
1. In an open consultation select 'Document' then 'Create Letter'



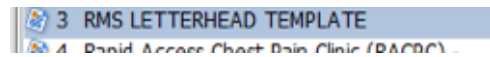
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net

Genetics Clinic Referral:

1. In an open consultation select 'Document' then 'Create Letter'

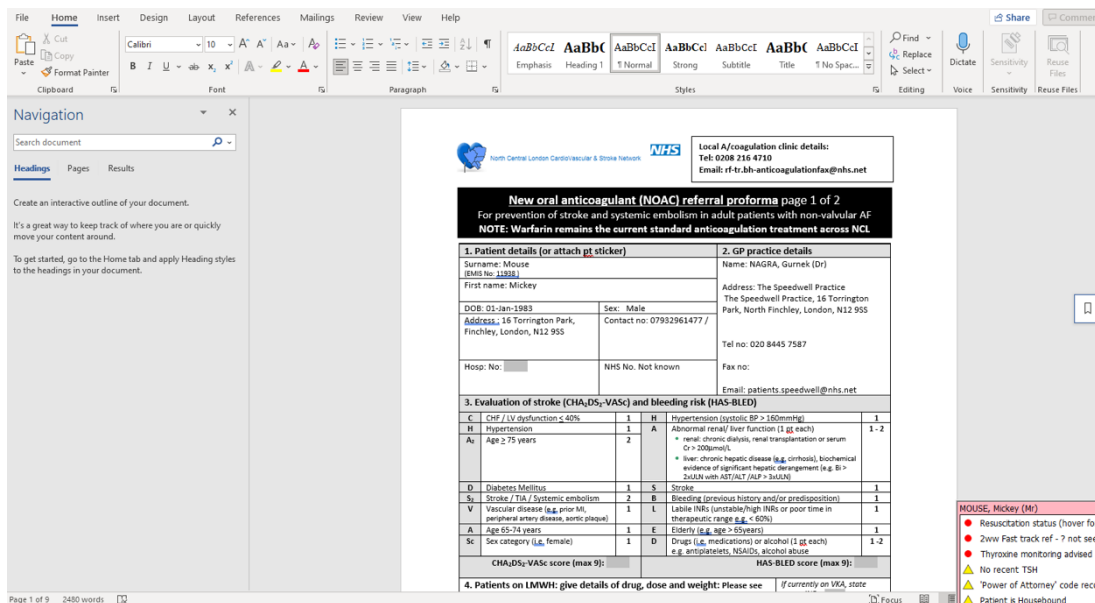
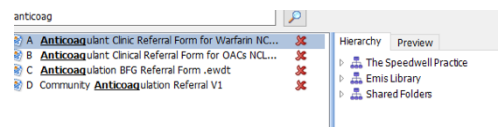


2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



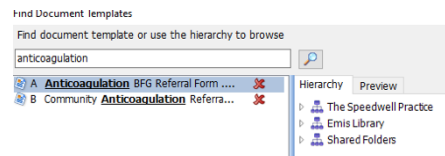
Anticoagulation Clinic (General):

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'Anticoagulant Clinic' and select 'Anticoagulant Clinic Referral Form for OACs'
4. Complete the form as below and e-mail to: rf-tr.bh-anticoagulationfax@nhs.net



Anticoagulation Clinic (Federation):

1. In an open consultation select 'Document' then 'Create Letter'
2. Search 'anticoagulation' and select 'Anticoagulation BFG Referral Form'
3. Complete the form shown below, then click 'file – save and close'



A screenshot of a Microsoft Word document titled 'Anticoagulation service referral form'. The document contains the following text and form fields:

Edgware HAS OAP

Anticoagulation service referral form

Initiating patients on Oral Anticoagulation, monitoring patients on Oral Anticoagulation and switching patients from warfarin to DOACs.

This service is not an acute or emergency service

Please send via standard outbound referral in EMIS

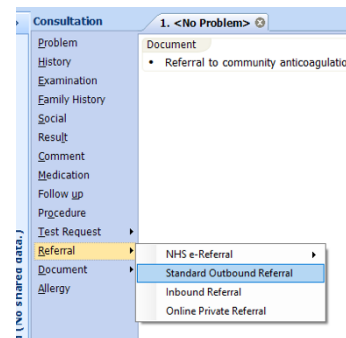
PATIENT INFORMATION

Incomplete referrals or those without consent to share could result in a delay in processing your referral.

Name:	MOUSE, Mickey (Mr)	NHS no:	
Address:	16 Torrington Park Finchley London N12 9SS	Date of Birth:	01-Jan-1983
Postcode:	N12 9SS	Ethnicity:	Albanian - ethnic category 2001 census
Contact phone no:		Interpreter required?	Yes
Referred by:	QAYYUM, Natasha (Dr)	Language	Main spoken language Arabic
Contact mobile no (patient):	07309804484	Date referred:	13-Jul-2022
GP Surgery:	The Speedwell Practice		

DOES THE PATIENT CONSENT TO SHARING THEIR DATA WITH THE ABOVE SERVICE and as appropriate CONSENT TO REFERRAL ON TO HOSPITAL ANTICOAGULATION SERVICE?
 NO YES
 If the patient lacks capacity: NOK/carer/clinician consent in best interests

4. Once the letter is saved in your consultation, click 'Referral' then 'Standard Outbound Referral'
5. Fill in the details in the pop-up box then click 'okay'



A screenshot of a pop-up window titled 'Outbound Referral - MOUSE, Mickey (Mr)'. The window contains the following fields and options:

Complete Referral Details

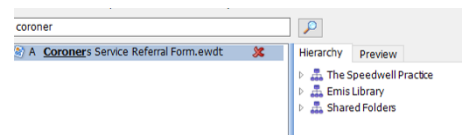
Outbound Referral - MOUSE, Mickey (Mr)

- * Referral Source: Dr Natasha Qayyum, GP Registrar at The Speedwell
- * Referral Target: Anticoagulation Clinic at BARNET HOSPITAL
- * Clinical Term: [Empty field]
- * Referral Date: 13-Jul-2022
- * Urgency: Routine
- * Referral Mode: Written
- * Purpose: Management Advice
- Reason for Referral: [Empty text area]
- * NHS / Private: NHS Referral Private Referral
- * Transport: None
- Linked Problem(s): [Empty field]
- Referral Letter: Create Now (Does not include current consultation data) Create Letter Task For : User\Team None

Buttons: OK, Cancel

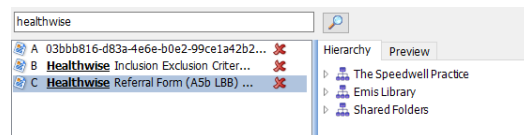
Coroner Referral:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'Coroners' and select 'Coroners Service Referral Form'
4. Complete the form as below and e-mail to: admin.beh@hmc-northlondon.co.uk



Healthwise – Weight Loss Programme:

1. This referral form is for a weight loss programme – please note patients will have to pay a subsidised gym membership of £20 a month. However, the weight loss sessions are free of charge and they can access the gym on top of this
2. In an open consultation select 'Document' then 'Create Letter'
3. Click on the magnifying glass in the pop-up box
4. Search 'Healthwise' and select 'Healthwise Referral Form'



5. Complete the form as below and e-mail to: gllbarnet.referrals@nhs.net

HEALTHWISE: REFERRAL FORM Jan 2022

Please complete in BLOCK CAPITALS. All items must be completed.

1. Patient details

1.1 Patient details

Name: Mickey Mouse
 Date of birth: 01-Jan-1983
 NHS number:
 Address: 16 Torrington Park, Finchley, London, N12 9SS
 Postcode: N12 9SS
 Telephone (home): 07932961477
 Telephone (work):
 Ethnicity: Albanian - ethnic category 2001 census
 Occupation:
 Email: franceswallace@nhs.net

1.2 Referrer's details

Name:
 Prof:
 Surgery / Dept: The Speedwell Practice
 Address: The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
 Postcode: N12 9SS
 Telephone: 020 8445 7587
 Email address:
 GP name (if not the referrer above): The Speedwell Practice
 Surgery / Dept: NAGRA, Gurnek (Dr)

2. Baseline measurements (Mandatory - within the last 6 months)

***BP**
 Required BP < 160/100
 Blood Pressure

Date	Description	Val	Units
17-Mar-2022	O/E - blood pressure reading	130	mmHg /81

***RHR**
 Required RHR < 100

***HGT (cm): Height**

Date	Description	Val	Units
17-Mar-2022	Standing height	158	cm

***WGT (kg): Weight**

Date	Description	Val	Units
17-Mar-2022	Body weight	90	kg
25-Jan-2022	Body weight	88	kg

***BMI: BMI**

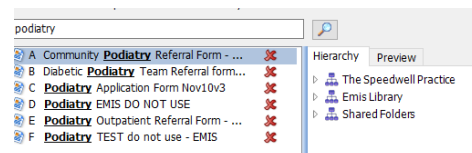
Date	Description	Val
12-Apr-2022	Body mass index	36
17-Mar-2022	Body mass index (calculation based on height entry 17-Mar-2022, NB prior to age 70 average height loss is 1cm per 10	36

MOUSE, Mickey (Mr)

- Resuscitation status (hover for...)
- Zwiv Fast track ref - ? n
- Thyroxine monitoring advised
- No recent TSH
- 'Power of Attorney' code reco...

Podiatry:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'podiatry' and select 'Community Podiatry Referral Form'
4. Complete the form as below and e-mail to: clcht.bcs-admin@nhs.net



Central London Community Healthcare NHS
 Your healthcare closer to home

CLCH COMMUNITY PODIATRY REFERRAL FORM
 Please complete sections 1, 2 and 3 – incomplete referrals will be returned

clcht.bcs-admin@nhs.net

SECTION 1:

*Patient Name: Mickey	*Surname: Mouse	*Sex: Male
*DOB: 01-Jan-1983	*NHS No:	*Title: Mr
*Address: 16 Torrington Park, Finchley, London, N12 9SS		
*Postcode: N12 9SS	*Tel:	*Mobile: 07309804484
*Ethnicity: Albanian - ethnic category 2001 census	*Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Language: Main spoken language Arabic
*Registered Blind: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this patient been treated by Barnet Podiatry before? <input type="checkbox"/>	
*GP Name: [Redacted]	*Address: The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS Tel: 020 8445 7587	
*Referral made by: <input type="checkbox"/> GP <input type="checkbox"/> Service user/relative <input type="checkbox"/> Other		
Referrer Name: [Redacted] The Speedwell Practice Tel: 020 8445 7587		
*Is patient housebound? <input type="checkbox"/> Y / <input type="checkbox"/> N Patients that are able to attend GP / Dental / Hospital appointments etc. should not be considered housebound.		
*Is transport required? <input type="checkbox"/> Y / <input type="checkbox"/> N Transport is ONLY provided for patients who have no assistance with attending appointments and would otherwise be unable to attend. This will be re-assessed at their first appointment.		
*MEDICATIONS TAKEN: please list or attach print-out		

Medication

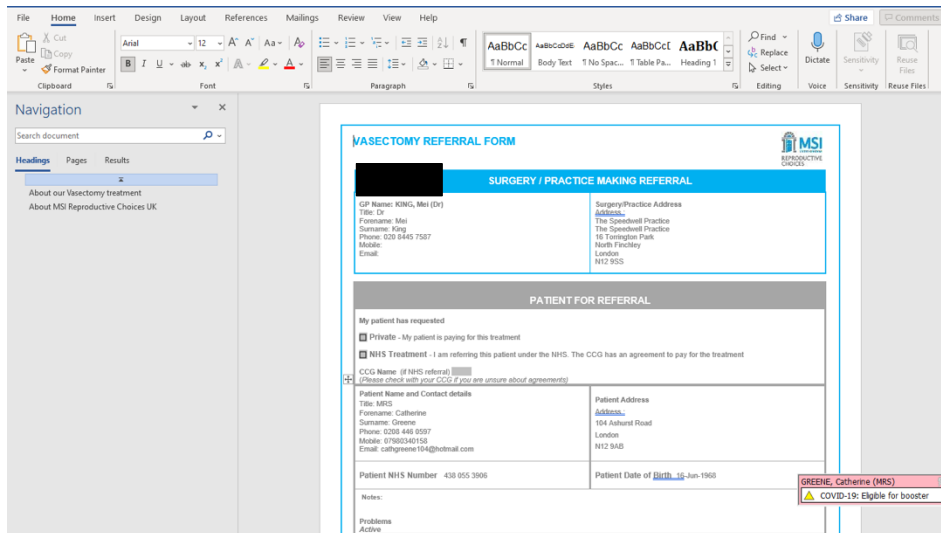
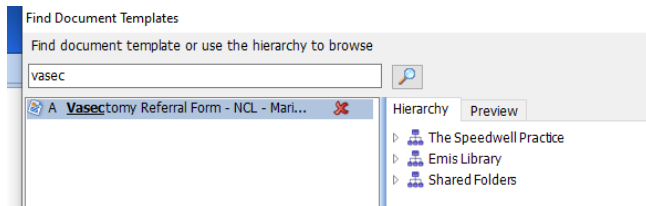
Acute Drug	Dosage	Quantity	Last Issued On
Fluenz Tetra vaccine nasal suspension	0.2ml	1 unit dose	0.2ml dose

MOUSE, Mickey (Mr)

- Resuscitation status (hover for...)
- Thyroxine monitoring advised
- No recent TSH
- 'Power of Attorney' code reco...
- Patient is Housebound
- 1st MMR vaccination

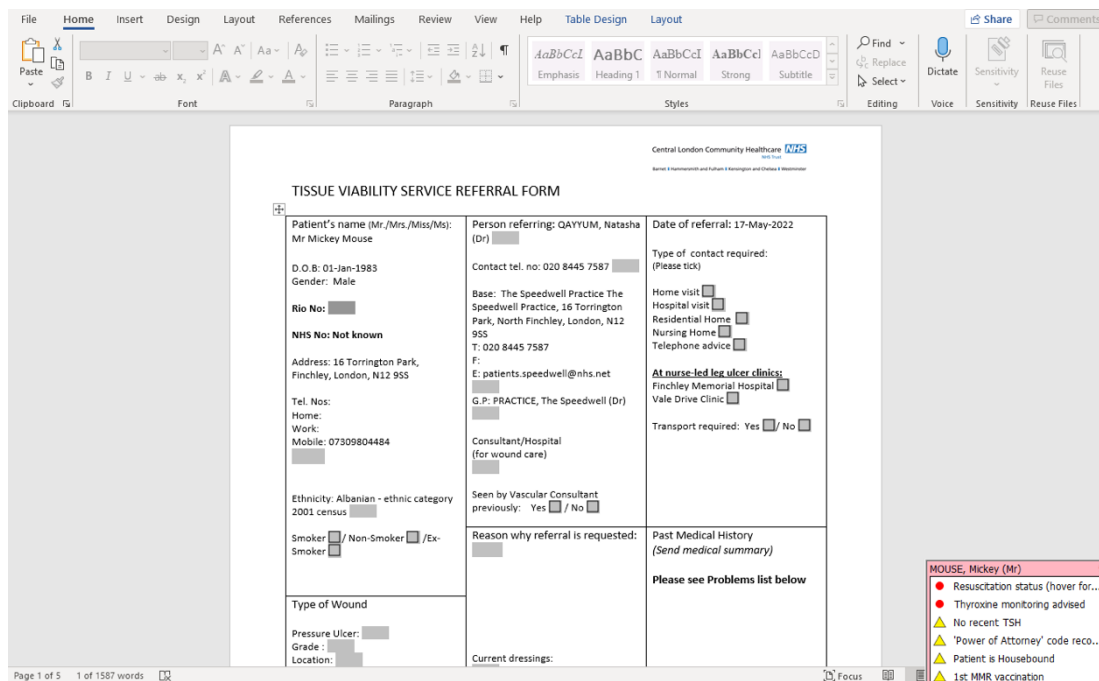
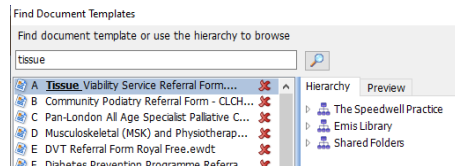
Vasectomy:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'vasectomy' and select 'Vasectomy Referral Form – NCL'
4. Complete the form as below and e-mail to: sterilisations.msuk@nhs.net



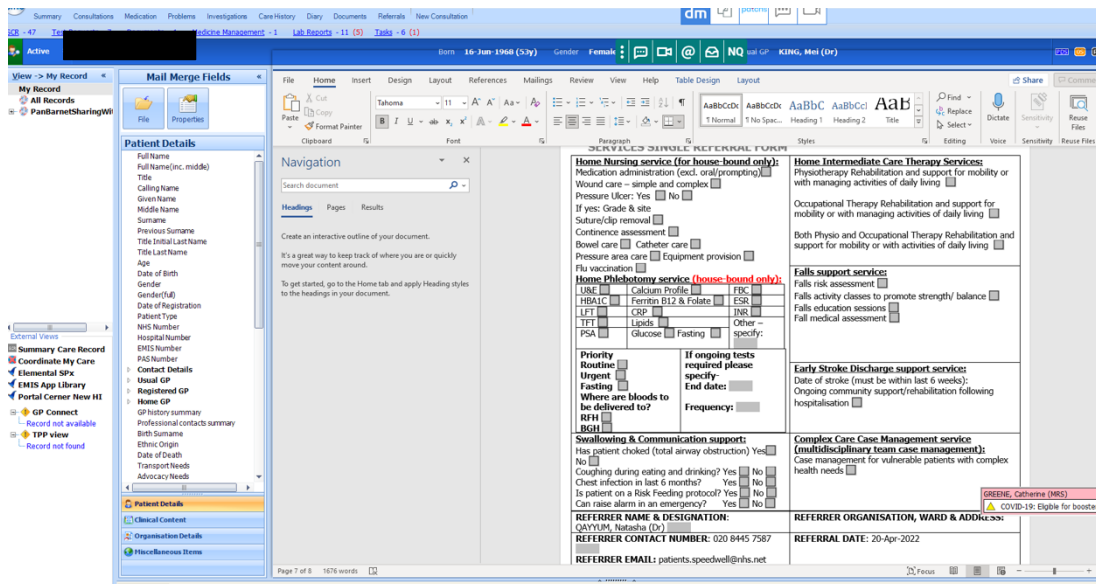
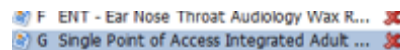
TVN (Tissue Viability):

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'tissue' and select 'Tissue Viability Service Referral Form'
4. Complete the form as below, and e-mail to: clcht.plannedcarebarnet@nhs.net



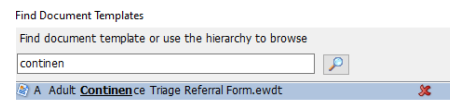
District Nurses, SALT, Community PT/OT:

1. These referrals are made via the 'single point of access' form
2. Select 'Document' then 'Create Letter' in an open consultation
3. Click on the magnifying glass and search 'single point'
4. Complete the form by ticking the boxes of the service you want. NB – the above mentioned services are all under the 'planned care' section
5. E-mail urgent referrals to non-urgent referrals to 'clcht.plannedcarebarnet@nhs.net'



Continence Clinic:

1. To make a referral, select 'Document' then 'Create Letter' in an open consultation
2. Click on the magnifying glass in the pop-up box
3. Search 'continence' and select: 'Adult Continence Triage Referral Form'
4. Complete the form and e-mail to: CLCHT.ContinenceBarnet@nhs.net



Central London Community Healthcare NHS Trust

ADULT CONTINENCE TRIAGE REFERRAL FORM

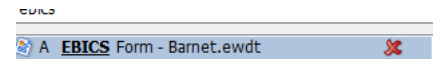
Complete this form in full to ensure patients are correctly triaged by the continence specialist nurse. Please refer to the **district nurse** if the patient is housebound.

Continence Promotion Service
 Finchley Memorial Hospital
 Granville Road, London N12 0JE
 TEL: 0208 349 7465 FAX: 0300 008 3170 Email: CLCHT.ContinenceBarnet@nhs.net

PATIENT		REFERRER	
Forename	Mickey	Name Address	QAYYUM, Natasha (Dr)
Surname	Mouse	Telephone	The Speedwell Practice
Address	16 Torrington Park, Finchley, London, N12 9SS	Date of Referral	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
Telephone	0739904484	Signature	020 8445 7587
DoB	01-Jan-1983		01-Jul-2022
NHS Number			
Gender	Male		
Interpreter Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the patient have other specific needs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please specify:
Language	Main spoken language Arabic	GP's Name & Address:	NAGRA, Gurnak (Dr) The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS
Ethnicity	Albanian - ethnic category 2001 census	GP's Telephone Number:	020 8445 7587
EXCLUDE AND OR TREAT PRIOR TO REFERRAL INTO CONTINENCE SERVICE:		CONSIDERATIONS FOR ADDITIONAL REFERRALS:	
<ul style="list-style-type: none"> - Persistent microscopic haematuria - Visible haematuria - Recurrent or persisting UTI associated with haematuria in women aged 40 yrs or over - Suspected pelvic mass - Prostate enlargement (Men only) 		<ul style="list-style-type: none"> - Persisting bladder or urethral pain - Associated faecal incontinence - Suspected neurological disease - Symptoms of voiding difficulty - Suspected urogenital fistulae - Symptomatic prolapse visible at or below the vaginal introitus - Palpable bladder on physical examination after voiding 	

EBICS:

1. EBICS, formerly PoLCE is the referral process for patients needing a procedure which requires certain criteria to be met before funding is approved
2. A full list of procedures and their criteria can be found here: <https://gps.northcentrallondonccg.nhs.uk/cdn/serve/service-downloads/1549382191-d2ab0be3f5085302393a6006b369859e.pdf>
3. To make a referral, select 'Document' then 'Create Letter' in an open consultation
4. Click on the magnifying glass in the pop-up box and search 'EBICS'
5. Select 'EBICS Form – Barnet'
6. Complete the form and e-mail to: barnet-routine.referrals@nhs.net



North Central London Clinical Commissioning Group

Evidence Based Interventions and Clinical Standards Policy (EBICS) Approval Application Form - TO BE COMPLETED BY ACUTE CLINICIAN APPLYING FOR FUNDING FOR AN EBICS PROCEDURE. PLEASE NOTE, ANY PROCEDURE THAT HAS NOT HAD PRIOR APPROVAL WILL NOT BE FUNDED BY BARNET CCG

This form is seeking approval for a treatment not normally available on the NHS. Specific criteria will need to be met in order for approval to be given. PLEASE REFER TO EBICS POLICY AND REFER TO CRITERIA WHERE APPROPRIATE TO AVOID FURTHER DELAY

Requesting clinician information			
Requesting Consultant name and speciality		Requesting organisation, i.e. Hospital/Community service	
Referring GP name	QAYYUM, Natasha (Dr)	Practice code	E83010
Practice name and address	The Speedwell Practice, The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS		
Email:	patients.speedwell@nhs.net	Tel:	020 8445 7587
Borough:	Barnet <input type="checkbox"/>		
Patient information			

PAEDIATRICS

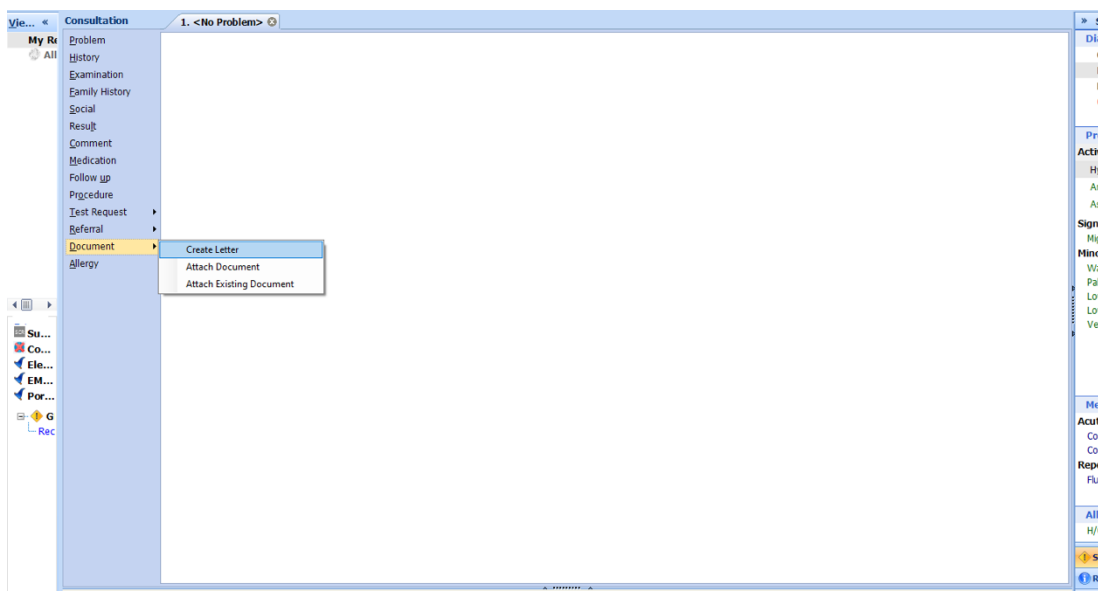
Contents:

1. General Paediatrics
2. Developmental paediatrics
3. Paediatric Audiology
4. Tongue Tie Referrals
5. Healthy child programme
6. Paediatric Mental Health
7. Child Safeguarding

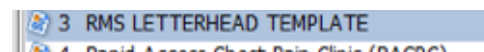
GENERAL PAEDIATRICS:

General Paediatrics Referral:

1. In an open consultation select 'Document' then 'Create Letter'



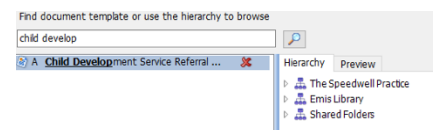
2. Click on the magnifying glass in the pop-up box
3. Search 'RMS' and select 'RMS Letter Head Template'
4. Write the letter, attach all the relevant information, and send it to: barnet-routine.referrals@nhs.net



DEVELOPMENTAL PAEDIATRICS:

Child Development:

1. Available services: paediatric SALT, neurodevelopmental paediatrics, physiotherapy and occupational therapy
2. In an open consultation select 'Document' then 'Create Letter'
3. Click on the magnifying glass in the pop-up box



4. Search 'Child Development' and select 'Child Development Service Referral'

Barnet Child Development Service Referral Form

Referrals to (please Tick / embolden / highlight as appropriate):

Speech & Language Therapy, Dysphagia, Physiotherapy, Occupational Therapy, EYSEND (Early Years SEND Advisory Team), BEAM, Specialist Team (Advisory Teachers for HI, VI and PD/CMN), Special Schools / Needs Nursing, Neurodevelopmental Paediatrics,

Paediatric Audiology (Please only select Audiology as part of a multidisciplinary developmental assessment. For single referrals to Audiology, please complete the Whittington Health Audiology referral form found on their website)

SEND COMPLETED FORM TO APPROPRIATE TEAMS (emails overleaf). If appropriate the referral will be shared/discussed within a multi professional meeting *These sections MUST be completed

Please write clearly and in black ink. Attach all relevant reports and observations. Continue on an additional sheet if necessary. Incomplete forms and missing information will delay the referrals being accepted

CHILD / YOUNG PERSON	Child's First Name*	Mickey	INTAKE ADMIN ONLY
	Child's Surname*	Mouse	
	Date of Birth*	01-Jan-1983	
	Gender*	Male <input type="checkbox"/> / Female <input type="checkbox"/> / Gender Fluid <input type="checkbox"/> / Agender <input type="checkbox"/>	
	Parent / Carer name(s)*		
	Address*	16 Torrington Park, Finchley, London, N12 9SS	
	Full Postcode*	N12 9SS	
	Telephone Number/s*	07932961477	
	Parent/carer Email*	<input type="checkbox"/> Please tick if consent given to share letters and communication via email*	
	Ethnicity*	<input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Gypsy/Romany <input type="checkbox"/> White - Any other <input type="checkbox"/> Mixed - White & Black Caribbean <input type="checkbox"/> Mixed - White & Black African <input type="checkbox"/> Mixed - White & Asian <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - Any other <input type="checkbox"/> Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Any other group <input type="checkbox"/> Not stated	

MOUSE, Mickey (M)

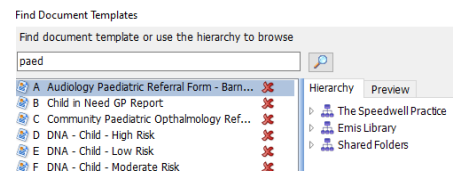
- Resuscitation
- 2ww Fast track
- Thyroxine medication
- ▲ No recent TSI
- ▲ Power of Attorney

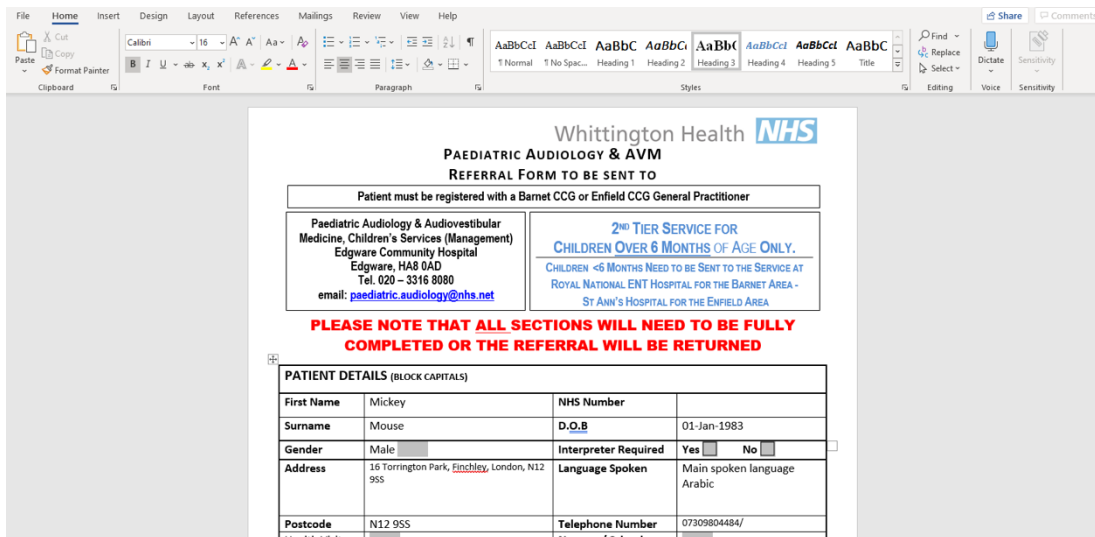
5. Complete the above form and e-mail to the most appropriate contact from the list below:

Hospital(s):			
Other:			
For urgent medical concerns, Telephone 020 7794 0500 ext 26382 to discuss with a Paediatrician (for professionals only)			
OUR CONTACT DETAILS	Developmental Paediatrics (Barnet Community paediatric Team) (Royal Free London NHS Foundation Trust)	Child Health HQ, Edgware Community Hospital, 3rd floor Westgate House Burnt Oak Broadway, Edgware, HA8 0AD	020 7794 0500 ext 26382 email: rl-tr.childdevreferrals@nhs.net
	Paediatric Audiology (Whittington Health NHS)	Whittington Health, 1st floor, Northgate House, Edgware Hospital, Burnt Oak Broadway, Edgware, HA8 0AD	020 3316 8080 email: paediatric.audiology@nhs.net
	Children's Integrated Therapies, including Speech & Language Therapy, Dysphagia, Physiotherapy & Occupational Therapy (Whittington Health NHS)	3rd floor Westgate House, Edgware Community Hospital, Burnt Oak Broadway, Edgware, HA8 0AD.	020 3316 8900 whh-tr.barnetcit@nhs.net
	EYSEND (Early Years SEND Advisory Team) - Previously Pre-School Teaching Team / Pre-School Inclusion team and Area SENCO's (LB of Barnet)	Early Years Centre, Oakleigh Road North, London, N20 0DH	020 8361 2456 ext 1 email: admin@eysend.barnetmail.net (secure emails only) rl.barnetpreschoolteachingteam@nhs.net (secure for nhs.net mail users)
	Special Schools / Needs Nursing (CLCH NHS Healthcare Trust)	Oak Lane Clinic, Oak Lane, East Finchley, N2 8LT	email: cicht.spschnursing.barnet@nhs.net
	Specialist Team (BELS Autism School Services Team)	Please see our 'Working with the Autism Advisory team' document on our local offer webpage https://www.barnetlocaloffer.org.uk/pages/home/information-and-advice/how-to-get-help/how-schools-and-other-education-services-can-help/autism-advisory-team regarding the referral process and secure ways to send referrals via email.	email: autism.team@barnet.gov.uk (enquiries only)
	Specialist Team (BELS BEAM Early Years Autism Service)	Barnet Education and Learning Service, 3rd Floor, 2 Bristol Avenue, Colindale, London NW9 4EW	email: BEAM.Team@barnet.gov.uk (secure emails only)
	Specialist Team (BELS Advisory Teachers for HI, VI, PD/Complex Medical Needs)	Barnet Education and Learning Service, 3rd Floor, 2 Bristol Avenue, Colindale, London NW9 4EW	HI Team email: HI.Team@Barnet.gov.uk VI Team email: VI.Team@barnet.gov.uk PD/CMN Team email: pd.team@barnet.gov.uk (secure emails only)
0-25 Disabilities Team - Occupational Therapy, (LB of Barnet)	Barnet Council Family Services, 2nd Floor, 2 Bristol Avenue, Colindale, London NW9 4EW	020 8359 4066 email: mash@barnet.gov.uk	

Paediatric Audiology:

1. In an open consultation select 'Document' then 'Create Letter'
2. Search for 'audiology paediatric' and select 'Audiology Paediatric Referral Form'
3. Complete the form as below and e-mail to: paediatric.audiology@nhs.net

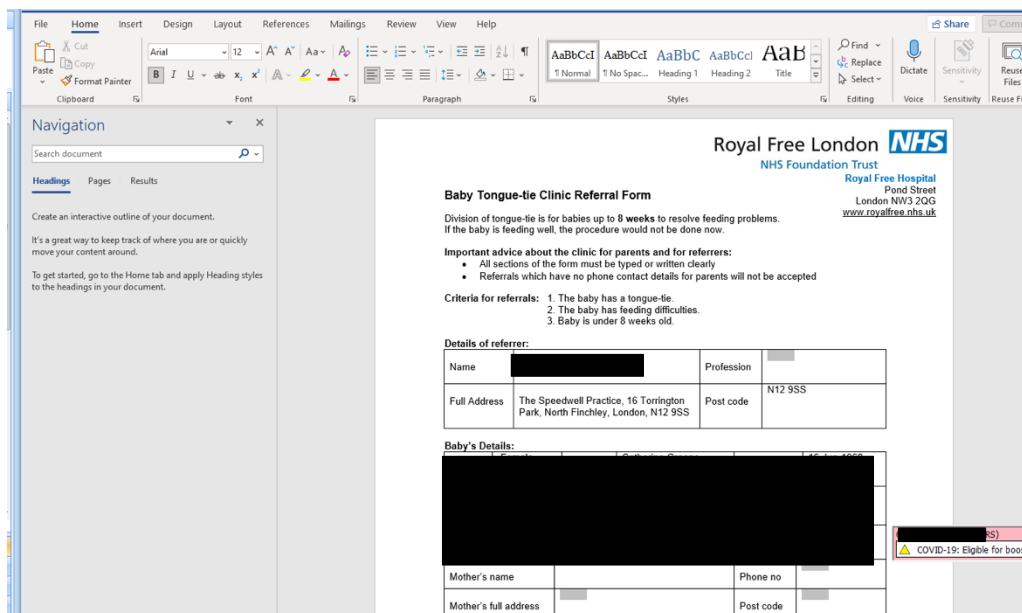
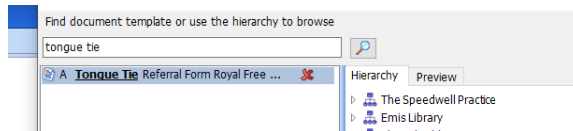




TONGUE TIE:

Tongue Tie Referrals:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'tongue tie' and select 'Tongue Tie Referral Form Royal Free'
4. Complete the form as below, and e-mail to: rf.tonguetie@nhs.net



HEALTHY CHILD PROGRAMME:

Healthy Child Programme:

- Referrals for support for overweight children can be made through the Healthy Child Programme

- Complete the referral form found here:
<https://www.healthychildprogramme4barnet.co.uk/wp-content/uploads/2022/04/Barnet-HCP-Health-Visiting-and-School-Nursing-Referral-Form-Updated-12042022.pdf>
- Send the completed referral to: hcp.4barnet@nhs.net



Winston House
2 Dollis Park
London
N3 1HF
Tel: 020 3633 4049
or 0800 772 3110

Healthy Child Programme 0 -19 (25) Service Referral Form

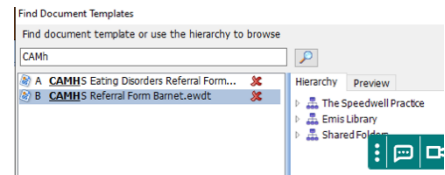
1. Child or young person being referred

First Name: _____ Last Name: _____
Date of Birth: _____ Gender: _____ NHS No: _____
Address: _____
Postcode: _____ Contact Phone No: _____
School/Nursery/Childminder: _____

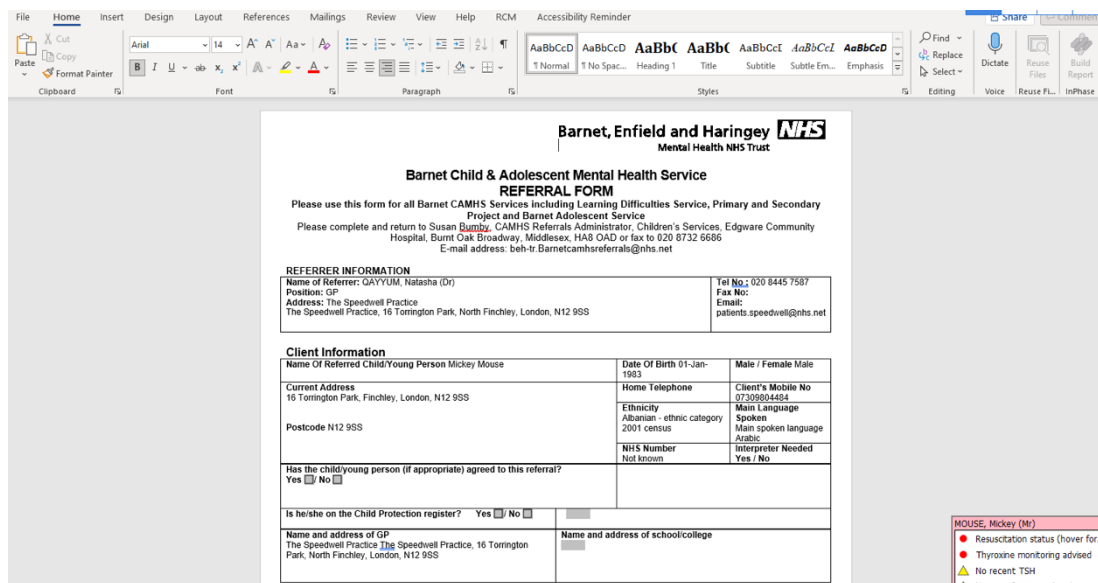
PAEDIATRIC MENTAL HEALTH:

CAMHS:

1. CAMHS is used to refer children for the following services:
 - a. Paediatric mental health
 - b. ASD or ADHD referrals in children
 - c. Eating disorder referrals in children
2. To make the referral, in an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
3. Search for 'CAMHS' and select 'CAMHS Referral Form Barnet'



4. Complete the form and e-mail to: beh-tr.barnetcamhsreferrals@nhs.net

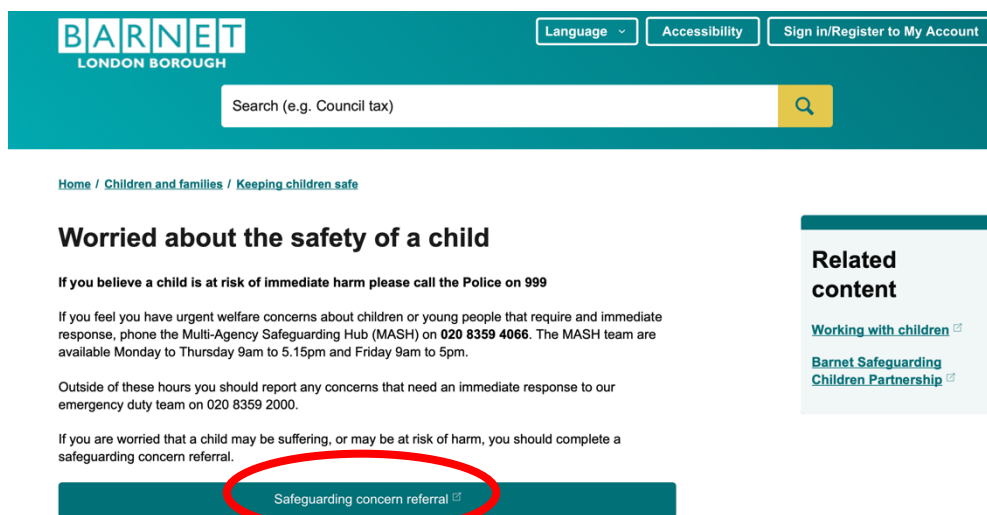


BICS:

- BICS is a mental health support service for children and young people
- Patients can self-refer by visiting the following website:
<https://www.barnet.gov.uk/children-and-families/support-parents-and-carers/young-peoples-mental-health-and-well-being>

CHILD SAFEGUARDING:

1. Safeguarding for children is an online referral made on the following website:
<https://www.barnet.gov.uk/mash>
2. Click on 'safeguarding concern referral'



3. Next click on 'start referral' and follow the on-screen instructions

The screenshot shows the Barnet London Borough website interface for a 'Safeguarding Concern or Early Help Request' form. The header features the Barnet London Borough logo. The main heading is 'Safeguarding Concern or Early Help Request'. On the left, a box contains instructions: 'Use the form to: - Report a safeguarding concern, or - Make an Early Help request', 'To complete this form will take 30 minutes', 'Make sure you have the child and families details to hand before you start.', 'This form will time out after 20 minutes and any unsaved work will be lost', and 'We strongly suggest that you save the form as you fill it in. You can do this at any time and return to it later. If you save the form, you will be asked to create a password. A link to re-access the form will then be emailed to you.' A red oval highlights a 'Start referral' button. On the right, a 'Find my saved form' section includes a search form with fields for 'Reference code' (with an example 'e.g. ADV1234'), 'Email', and 'Password', a 'Search' button, and a link for 'I forgot my password or reference code'. The footer contains links for 'Contact us', 'Copyright', 'Privacy notice', 'Accessibility', and 'Disclaimer', along with social media icons for Facebook, Twitter, and LinkedIn.

4. If there is an urgent welfare concern between the hours of 9-5 on a Monday-Friday, call MASH directly on: 02083594066
5. If there is an urgent welfare concern out-of-hours, call the emergency team on: 02083592000 **(NB this number was accurate as of 14/07/22)**

PRIVATE REFERRALS

Private referrals can be made by accessing the following template:

1. In an open consultation select 'Document' then 'Create Letter'
2. Click on the magnifying glass in the pop-up box
3. Search 'private' and select 'private referral' if there is a template available. Alternatively, write your own free-text letter.
4. Adjust the letter as required and hand it to the patient

