



Birmingham Orthopaedic Specialists LLP

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REQUEST FOR ORTHOPAEDIC OUTPATIENT APPOINTMENT – FAX: 01403 241654

<p>GP DETAILS</p> <p>Name: _____</p> <p>Practice: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>	<p>PATIENT DETAILS:</p> <p>Title _____</p> <p>Surname _____</p> <p>First Name _____</p> <p>Previous name _____</p> <p>DOB _____ / _____ / _____ Sex: M/F</p> <p>Address _____</p> <p>Phone: _____ Mobile: _____</p>										
<p>REFERRING Practitioner DETAILS – if not GP</p> <p>Name: _____</p> <p>Practice: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Email _____</p> <p>Occupation _____</p> <p>Self funding or Insured _____</p> <p>Date of referral _____ / _____ / _____</p> <p>Preferred Consultant / Next available _____</p>										
<p>Provisional Diagnosis:</p> <p>_____</p>											
<p>RELEVANT CLINICAL DETAILS:</p> <p>_____</p> <p>_____</p> <p>_____</p>											
<p>RELEVANT PAST Hx. (include allergies, warnings etc)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">MEDICATIONS (attach list if needed)</th> <th style="width: 30%;">DOSE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	MEDICATIONS (attach list if needed)	DOSE	_____	_____	_____	_____	_____	_____	_____	_____
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<p>Practitioner's signature: _____ Date: _____ / _____ / _____</p>											