**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR**

**SURGERY TO CORRECT GYNAECOMASTIA**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the patient falls within the normal morphological range.**

### PATIENT DETAILS

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  | **NHS NUMBER** |  |
| **ADDRESS** |  |
| **REFERRING GP (please print name and stamp practice address)** |  |

### ADDITIONAL INFORMATION

**\*\*Failure to complete this questionnaire in full may delay the IFR Panel’s decision\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **WEIGHT** | HEIGHT | BMI(taken within the last 6**months)**  | CHEST SIZE |
|  |  |  |  |

Do you consider your patient to be overweight? YES [ ]  / NO [ ]

Has your patient taken any performance enhancing or other relevant contributory drugs,

prescribed or otherwise, within the last 12 months? YES[ ] /NO[ ]

In your view, and in accordance with the commissioning guidelines for specialist plastic
surgery procedures, would surgery remove more than 100g of glandular tissue? YES[ ] /NO[ ]

Does your patient complain of any functional problems attributable to the
gynaecomastia? YES [ ]  / NO [ ]

Has your patient been investigated for any underlying cause of gynaecomastia? YES [ ]  / NO [ ]

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| --- |
| If YES please state what these investigations were and their outcome:Initial screening blood tests should include morning testosterone, liver function, thyroid function,renal function, luteinising hormone, follicle stimulating hormone, oestradiol and prolactin. |

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| Please provide any other relevant information in support of your request: |

GP Signature ………………………………………… Date ………………………………..