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| **Date of referral:** | Click or tap to enter a date. |
| **Patient name:**  As it appears on health records | Click or tap here to enter text. |
| **Has the patient had an eligibility letter or are eligible due to serious health conditions?** | **If the answer is no, the patient is not eligible for this service**  Choose an item. |
| **Date of Birth:** | **16+ only.** PLEASE NOTE 16-17 YEAR OLDS ARE ONLY ELIGIBLE IF UNDER ADULTS' HOSPITAL SERVICES. PLEASE REFER TO PAEDIATRICS IF NOT  Click or tap to enter a date. |
| **Patient NHS number:** | Click or tap here to enter text. |
| **Patient home address:** | Click or tap here to enter text. |
| **Patient / carer telephone number:** | Click or tap here to enter text. |
| **Symptom start date:** | Click or tap to enter a date. |
| **Confirmation of positive lateral flow:** | Lateral flows can be ordered [here](https://www.gov.uk/get-coronavirus-test).  Positive test? Choose an item.  Date taken: Click or tap to enter a date. |
| **Clinical details:** | Click or tap here to enter text. |
| **Referral made by:** | Name: Click or tap here to enter text.  Role: Click or tap here to enter text.  Practice: Click or tap here to enter text.  Phone number: Click or tap here to enter text. |

Please email to [pcs.cmdu@nhs.net](mailto:pcs.cmdu@nhs.net)