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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 NOTClick 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