

Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Removal of Benign Skin Lesions

Instructions for use:

Please refer to policy for full details, complete the checklist and file for future compliance audit.

The CCG will only fund management of benign skin lesions when **one or more** of the following criteria are met*:

Where it is safe to do so, every attempt should be made to manage benign skin lesions in primary care/community setting <i>provided removal would not be purely cosmetic.</i>	Delete as appropriate	
Diagnostic uncertainty exists and there is suspicion of malignancy (<i>please refer as appropriate.</i>)	Yes	No
The lesion is painful or impairs function and warrants removal, but it would be unsafe to do so in primary care/community setting, for example because of large size (>10mm), location (e.g. face or breast) or bleeding risk. <i>Removal would not be purely cosmetic.</i>	Yes	No
Viral warts in immunosuppressed patients.	Yes	No
Patient scores >20 in Dermatology Life Quality Index** <i>administered during a consultation with the GP or other healthcare professional.</i>	Yes	No

* If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the individual funding requests policy for further information

**See <http://www.dermatology.org.uk/quality/dlqi/quality-dlqi.html> for information on the use of the Dermatology Life Quality Index.

This policy does not apply to treatment of benign skin lesions in the perianal area.