**Nurse-Led Vasectomy Clinic**

**Choose & Book Referral Proforma**

**Date:** <Todays date>

|  |  |
| --- | --- |
| **GP Details** | **Patient Details** |
| <Sender name><Sender organisation name><Sender address>**Tel:** <Sender telephone number>**Practice Code:** <Registered GP practice ID> | <Title> <Forename> <Surname> (<Gender>)<Patient address>**Tel:** <Patient home telephone number>**Mobile:** <Patient mobile telephone number>**Date of Birth:** <Date of birth> (<Patient Age>)**NHS Number:** <NHS number>**Unit Number:** <Patient hospital number> |

# MEDICAL HISTORY

<Problems(table)>

<Latest Consultation(table)>

# CURRENT MEDICATION

<Medication(table)>

# ALLERGIES

<Allergies & Sensitivities(table)>