Internal referral form for OFP service,

Office use only:

Copy of form in notes:

All results/reports available?

Referral and results scanned and sent to INPUT

Dental Institute, KCH.

| Kings College Hospital & Guys & St. Thomas’ Hospital Joint Orofacial Pain MDT referal proformaHeld at INPUT Pain Unit – Gassiot House, St Thomas’ on the first Tuesday of the month. |
| --- |
| Please complete and give to Emmy Simmons or email to: esimmons1@nhs.net |
| Date of Referral: | Clinic: | Referring clinician: |
| Patient Name: | DOB: |
| Patient Address & postcode: |
| Patient phone number: | Mobile: |
|  |
| GP name: | GP Telephone: |
| GP Address & postcode: |
|  |
| History of complaint: |
|  |
| Specific questions for MDT: |
|  |
| Medical History including medication list: |  | Results you would like to be sent (please circle):BloodsMRICBCTRadiographsLast letters to be sent (please note dates letters written): |  | Additional Information: |
| Print Name: |
| Date: |