**Community Ultrasound Service – Referral Form**

**(Provided by Yorkshire Health Solutions)**

Tel for GP Surgeries only: **01282 854998**

Secure e-mail referrals: [**YHS.appointments@nhs.net**](mailto:YHS.appointments@nhs.net)

Please circle: **URGENT \ ROUTINE**

Select the venues which your patient could attend (multiple may be selected):

* Eastfield Medical Centre, 14 High Street, Eastfield, YO11 3LJ
* Lawrence House Medical Centre, Belgrave Surgery, 1 Belgrave Crescent, Scarborough, YO11 1UB
* Monkgate Surgery, 35 Monkgate, York YO31 7PB
* Pickering Medical Practice, Southgate, Pickering, YO18 8BL
* Pocklington Surgery, The Beckside Centre, 1 Amos Drive, Pocklington YO42 2BS
* Stamford Bridge Health Care Centre, 46 Viking Road, York YO41 1BR
* Strensall Health Care Centre, Southfields Road, York YO32 5UA
* Tower Court Health Centre, Oakdale Road, Clifton Moor, York, YO30 4RZ
* Unity Health, Kimberlow Hill Surgery, Kimberlow Rise, Heslington, York YO10 5LA

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| Patient Name: | D.O.B: Male/Female | | |
| Ethnic Group: Not Stated: YES/NO | Wheelchair User: YES/NO | | |
| Patient Address | NHS Number: | | |
| Patient Telephone: | | Patient Mobile:  e-mail: |
| Referring Practitioner:  Signature:  GP Practice Name | G.P Practice Telephone:  Practice code:  Secure Practice e-mail:  Date: | | |
| Parts to be scanned: | | | |
| Clinical Information: | | | |
| *I hereby give consent to the above examination and confirm that the examination/procedure has been explained to me* | | | |
| Patient Signature. | | Operator’s Signature: | |