**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
* Pickering Medical Practice, Southgate, Pickering, YO18 8BL
* Nimbuscare Ltd (Ultrasound Clinic) Acomb Garth Community Care Centre, 2 Oak Rise, Acomb, York YO24 4LJ (Saturday clinic only)
* Pocklington Surgery, The Beckside Centre, 1 Amos Drive, Pocklington YO42 2BS
* Haxby & Wigginton Health Centre, 2 The Village, Wigginton, York YO32 2LL
* Unity Health, Kimberlow Hill Surgery, Kimberlow Rise, Heslington, York YO10 5LA
* The Old Hungate Hospital, Finkle Hill, Sherburn in Elmet, LS25 6EB
* Mowbray Square Medical Centre, Myrtle Square, Harrogate, HG1 5AR
* Wetherby Health Centre, Hallfield Lane, Wetherby, LS22 6JS

*Please note that referrals for ultrasound scans at Askham Bar Community Diagnostic Centre (York) and Selby War Memorial Hospital should be sent to York & Scarborough Teaching Hospital NHS Trust using their ultrasound request form.*

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| Patient Name: | D.O.B: Gender: | | |
| Ethnic Group: | Wheelchair User: YES/NO  Diabetic: 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: | |