

# EXTRACORPOREAL SHOCKWAVE THERAPY - PEYRONIES/ED

Cromwell  
Hospital

For completion by referring Consultant Urologist.  
Please email to lithotripsy@cromwellhospital.com  
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London Lithotripter Centre  
Cromwell Hospital 164-178  
Cromwell Road  
London SW5 0TU

**PLEASE NOTE: INCOMPLETE REFERRALS WILL BE SENT BACK TO THE REFERRER**

Patient's name:	<b>Absolute Contraindications</b>  1. Open wound  2. Localised malignancy
DOB:	
Telephone number:	
Has patient consented to be contacted by telephone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email:	
Has patient consented to be contacted by email? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Relative Contraindications checklist</b>  Anticoagulant/platelet Therapy      Yes <input type="checkbox"/> No <input type="checkbox"/>  (i.e. Aspirin, Warfarin, Clopidogrel, Rivaroxaban, Apaxiban, ticagrelor, prasugrel)
(For office use only)	
MRN No.....	
1st ESWT Tx <input type="checkbox"/> Date .....	
2nd ESWT Tx <input type="checkbox"/> Date .....	
3rd ESWT Tx <input type="checkbox"/> Date.....	
4th ESWT Tx <input type="checkbox"/> Date.....	

CLINICAL INFORMATION
Erectile dysfunction <input type="checkbox"/> 4 treatment sessions
Peyronies disease <input type="checkbox"/> 3 treatment sessions
Previous management / treatment

Referring Clinician name (please print)
Telephone Number..... GMC number..... Date.....
Referring Clinician signature