

Prostate Care Service Referral Form

This form has been designed for GPs and specialists to support Prostate diagnosis and treatment at Cromwell Hospital. It is a simple and straightforward process for authorising treatment for insured and self pay customers. Please follow the steps below:

- To book an appointment via email using this referral form, please email appointments.team@cromwellhospital.com or fax to 0207 835 2419
- To book an appointment via telephone for a patient, please call +44 (0)800 783 9229 and quote "Prostate Care Service"
- To book an appointment via telephone for yourself, please call +44 (0)20 7460 5700 and quote "Prostate Care Service"

1. Referral details

Referral type: Prostate Care Service Referral

Referral to: Prostate care pathway

Address: Cromwell Hospital
164-178 Cromwell Road
London
SW5 OTU

2. Referring doctor details

Name:

GMC:

Referring doctor (if different):

Telephone:

Fax:

Address:

3. Patient details

Patient ID:

Name:

Date of birth:

Telephone:

Email address:

Home address:

4. Registered GP details

Name:

Address:

Town:

Postcode:

Brief clinical history and/or additional relevant behaviour

Doctor signature

Date

Seen but may not be signed to avoid delay.