

WBoP PHO SKIN SURGERY REFERRAL

SKIN SURGERY CASE NUMBER _____

Name: GP

Address: Practice:

DOB: NHI: Ethnicity Code:

- PREVIOUS HISTORY OF MELANOMA PREVIOUS HISTORY OF NON-MELANOMA SKIN CANCER DIABETES
 REGULAR ANTICOAGULANTS

LESION INFORMATION	LESION 1	LESION 2	LESION 3
ANATOMICAL AREA			
SUSPECTED MELANOMA	YES / NO	YES / NO	YES / NO
PIGMENTATION	YES / NO	YES / NO	YES / NO
BIOPSY PROVEN	YES / NO	YES / NO	YES / NO
HISTOLOGY CODE			
HISTOLOGY DATE			
LESION SIZE (MM)	MM	MM	MM
SECOND OPINION REQUIRED BY ANOTHER GPSI PRIOR TO GRADING?		YES / NO	
ARE ALL LESIONS BEING REFERRED INTENDED FOR SAME DAY PROCEDURES?		YES / NO	

LESION 1 NOTES:

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LESION 2 NOTES:

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LESION 3 NOTES:

Specific clinical concerns that might influence surgical interventions

- Smoker Lymph nodes Peripheral vascular disease Signs & all history of heart failure Lymphadenopathy Other

SIGNED _____ REFERRAL DATE _____

(PLEASE CONSIDER THIS PATIENT FOR FUNDED MINOR SKIN SURGERY)

OFFICE USE ONLY Triaged Date _____ Independent Clinician _____

GPSI			
esion	LESION 1	LESION 2	LESION 3
Graded Level			
Surgery Type			
Triaged			
Lesion Status	APPROVED / DECLINED	APPROVED / DECLINED	APPROVED / DECLINED