**Referral Form for Consideration of CIRCUMCISION**

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| **PATIENT DETAILS** | | | | |
| Date of Referral: |  | Date Referral Received: |  | |
| GP Practice: |  | Referring GP: |  | |
| Patient Name: |  | Patient Date of Birth: |  | |
| Patient Address: |  | Patient Contact Number: |  | |
| NHS Number: |  | Hospital Number (if known): |  | |
| **POLICY CRITERIA – extract from full policy, which is accessible via this link**  [**http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39308**](http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39308) | | | | |
| **Prior Treatment**  If clinically indicated, has conservative treatment failed?  (e.g. topical corticosteroid for up to 12 weeks for pathological phimosis) | | | | **Please circle as appropriate**  Yes / No / NA |
| **Indication** - Please provide the approved **indication** for referral:   1. **Balanoposthitis** – severe and recurrent (more than 3 episodes)   Please indicate the number of episodes: \_\_\_\_\_\_   1. **Paraphimosis** which has failed to respond to alternative interventions 2. **Pathological phimosis** – non-responsive to topical steroids 3. **Biopsy –** pre-malignant change, carcinoma in situ or suspicious pathology (other than lichen sclerosus) 4. **Congenital** condition requiring surgical management 5. **Penile malignancy** – suspected 6. **Traumatic injury** to foreskin which cannot be salvaged | | | | **Tick Applicable Indication**  □  □  □  **URGENT 2 Week Referral**  □  **URGENT 2 Week Referral**  □ |

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| **EXAMINATION/PMH/DH/ALLERGIES** |
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| **REFERRAL CONSIDERATIONS** | |
| Are there any co-morbidities that need to be considered before surgery?  (Please provide details above) | Yes  No |
| Have relevant co-morbidities been optimised as far as possible and the patient is willing to consider surgery (if clinically appropriate) at the time of referral? | Yes  No |
| **PATIENTS NOT MEETING THE POLICY** | |
| For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has clinically exceptional circumstances, an Individual Funding Request may be considered. The referring clinician should consult the Commissioner’s “Operational Policy for Individual Funding Requests” document for further guidance on this process.  <http://www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/> | |