

Referral template from primary to secondary care

Confirmation of diagnosis

Referrer details	
Your name	
Your clinic	
Your phone number	
Your email address	
Patient details	
Name	
Date of birth	
Occupational status	
Relationship status	
Patient history	
Medical history	
Allergies	
Current medication	
Current and past contraception use	
Patient presentation	
Date of presentation to the clinic	
Reason for presentation to clinic	

Confirmation of diagnosis

Tests performed	
Examination of lesions	
Family history of HS	
BMI	
Smoking status	
Family history of heart disease	
Blood pressure	
Lipids	
Anxiety/depression screening	
Diagnosis	
Proposed diagnosis	
Action	
Referral for a second opinion on diagnosis	