

Referral template from primary to secondary care

Review and initiation of second-line treatment

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	

Review and initiation of second-line treatment

Tests performed	
Examination of lesions	
Family history of HS	
BMI	
Smoking status	
Family history of heart disease	
Blood pressure	
Lipids	
Anxiety/depression screening	
Previous management of HS	
Previous treatment for HS	
Dressings currently used	
Dressings prescribed	
Lifestyle advice provided and outcome	
Action	
Referral for initiation of second-line treatment	