

To contact us or to send a referral...

All correspondence may be sent to us at:

**HPB Surgery Unit
The Royal London Hospital
Whitechapel Road
London E1 1BB
(If your referral is to a particular doctor, address the packet to him/her)**

Fax: 020 3594 3255 (from abroad +44 20 3594 3255)

If you wish to make a referral, you may print out the referral form below (3 pages in total), fill it in and then **fax** it to us. **Do not e-mail this form.** If you are not sending a fax, please put ALL relevant papers/CDs/DVDs in the post.

Our Contact Numbers are:

Consultants:
Secretary 020 35942747

Specialist Nurses:
Jake McGhie 0203 594 0759, or 020 73777000 bleep 1599
Judith Mushonga & Karen Mawire 0203 594 0763, or 020 73777000 bleep 1958

MDT Co-ordinator:
Sally Howe 0203 594 0762.

FAX No. 020 3594 3255

Date of referral: __ __ / __ __ / 20 __ __ (dd//mm/yyyy)

Type of referral: NHS Private

Patient's details:

Name:

Date of birth:

Hospital No.:

NHS No.:

Address:

Telephone:

Mobile phone:

GP's name & address:

Referring Clinician:

Name:

Designation:

Hospital/ address:

Telephone:

Fax:

E-mail:

Referral to:

- HPB Team (any consultant surgeon)
- Mr Abraham
- Mr Bhattacharya
- Mr Hutchins
- Mr Kocher

(Page 2 of 3)

Urgency:

- Routine
- Urgent: Suspected cancer
- Urgent: Not cancer

Provisional diagnosis: _____

For cancer referrals – tumour site:

- Liver (primary)
- Liver (secondary)
- Pancreas
- Bile ducts
- Gall bladder
- Other (specify)
- Benign

Reason for referral:

- Multi-disciplinary opinion
- Clinic appointment
- In-patient transfer: Ward bed ITU bed HDU bed

Clinical history/findings: (you are welcome to put all this in a separate referral letter)

Please state in a few lines, what is the question you are asking us:

(Page 3 of 3)

Investigations done:

- Ultrasound
- CT
- MR / MRCP
- ERCP
- EUS
- FDG PET
- Other

Have you attached copies of ALL relevant tests and scans?

Please note, the **INR** is **essential** for Endoscopic Ultrasound (EUS) – please ensure this is done by liaising with our nursing team on 0203 594 0759, 0203 594 0763 or 020 7377700 bleeps 1598/198,

The INR can be done either at your establishment or at ours. Not having the INR checked will cause unnecessary delays.

Mandatory Fields:

Is the patient aware of the referral being made to us? Yes No

Is the patient aware of the likely diagnosis? Yes No

Do you wish to see the patient at your hospital before we contact them? Yes No

Who shall we feed back to? We can email you at a secure nhs.net address or with a document that is password protected in MS Outlook. State your email please.

If you have already spoken to some one from the Team about this referral, who have you spoken to?

Please FAX the completed form to 020 3594 3255, along with any referral letter and scan reports that you may wish to send. DO NOT e-mail this form.