

# WBOP SKIN SURGERY REFERRAL

CPO CASE NUMBER: **SS00**

**PATIENT DETAILS:**

Name: ..... GP: .....  
(First Name) (Surname)

Address: ..... Practice: .....

DOB: ..... NHI: ..... Ethnicity Code: .....

**PRE-SURGERY INFORMATION:**

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

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

**LESION 1 NOTES:**

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**LESION 2 NOTES:**

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**LESION 3 NOTES:**

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Specific clinical concerns that might influence surgical interventions:

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

Signed: .....  
(Please consider this patient for funded Minor Skin Surgery)

Date \_\_\_\_ \_

**OFFICE USE ONLY TRIAGED DATE:**

GRADED			
SURGERY TYPE:			
TRIAGED			
LESION STATUS	APPROVED/DECLINED	APPROVED/DECLINED	APPROVED/DECLINED

Independent Clinician: .....