Welbeck

Welbeck Surgery Booking Form

Please complete all sections of the form. **By completing this form, you confirm you have the consent required to share this information.**

Bookings will not be accepted without the last clinic letter and admission times provided.

PATIENT DETAILS

Title:	Forename:	Surname:
MRN:		
Date of birth:		Gender: ☐ Male ☐ Female ☐ Other
Residential address:		Postcode:
Telephone:	Mobile:	Email:

PROCEDURE DETAILS

Referrer name:

Procedures(s)

Code: Procedure Site:

Description:

Laterality: ☐ Left ☐ Right ☐ Bilateral ☐ N/A

☐ Sedation ☐ L/A ☐ GA ☐ Regional block ☐ Other:

Date:	Admission:	Theatre start time:
Anaesthesist:		Estimated procedure duration:

Equipment required:

Imaging required in Theatre ☐ Yes ☐ No

Take home medication confirmed and provided: ☐ Yes ☐ No

DRUG & MEDICAL HISTORY (TICK YES IF RELEVANT)

Anticoagulant/Antiplatelet	☐ Yes	☐ No	Rheumatoid arthritis	☐ Yes	☐ No
Aspirin	☐ Yes	☐ No	Cardiac vascular peacemaker	☐ Yes	☐ No
Diabetes – Insulin / Tablet	☐ Yes	☐ No	Respiratory	☐ Yes	☐ No
Allergies (please list in other)	☐ Yes	☐ No	Ability to consent	☐ Yes	☐ No
Infective (E.G. HIV / TB / Hepatitis)	☐ Yes	☐ No	Mobility problems (please specify)	☐ Yes	☐ No

Other (please state):

EXTRA REQUIRMENTS

Dietary requirements: ☐ Yes, please specify:	Wheelchair access: ☐ Yes
Interpreter required: ☐ Yes, please confirm language:	Other:

PAYMENT DETAILS (IF KNOWN)

TYPE: ☐ Self-funding ☐ Insured ☐ Embassy ☐ Other (please complete below sections as appropriate)

Insurance company:		Membership no.	Authorisation code:
Embassy:		Letter of guarantee: ☐ Yes (please attach)	
Name:	Signed:	Date:	Professional Reg No:

Please attach the last clinic letter, any relevant test results and any additional documentation to this form & submit to us using the below email.

T: +44 (0)20 3653 2003
E: bookings.surgerycentre@onewelbeck.com

A: Bookings, Welbeck Surgery Centre, 1 Welbeck Street London W1G0AR