Welbeck

Welbeck Paediatric 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. Please note that Parental Responsibility and Medical History MUST be completed for all paediatric bookings. 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:

Parent/Care Giver Name (with parental responsibility if <16 years old):

Address:

Telephone: Mobile: Email:

REFERRER 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

MEDICAL HISTORY (TICK YES IF RELEVANT)

16+ with capacity to consent?	☐ Yes	☐ No	Mobility problems	☐ Yes	☐ No
Diabetes – Insulin / Tablet	☐ Yes	☐ No	Asthma	☐ Yes	☐ No
Allergies (please list in other)	☐ 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 email below.

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

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