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| Referral form including image capture ! This is intended as a guide only. You will need to tailor this form to your individual practice or clinic.  Last updated: 8 April 2020 |

Referral for [name of] teledermatology service

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| **REFERRING DOCTOR** | |
| **Name:** |  |
| **Referral site:** |  |
| **Email:** |  |
| **Direct number:** |  |
| **Supervising consultant:** |  |

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| **PATIENT IDENTIFICATION INFORMATION** | |
| **Patient name:** |  |
| **Sex:** |  |
| **DOB:** |  |
| **Medicare No:** |  |
| **Patient telephone:** |  |

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| History of presenting complaint: |
| Duration (days/weeks): |
| Associated symptoms: *(e.g. itch, fever, arthralgia, malaise)* |
| Investigation results: *(Please attach if possible)* |
| Treatment to date: |
| Examination: |
| Referral diagnosis: |

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| Medical/Surgical history: |
| Prescribed and non-prescribed medication: *(and time since starting medications)* |
| Allergies: |
| Occupation/Pastimes/Exposures/Overseas travel: |

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| Clinical photographs *[insert instructions e.g. please paste / ‘snip’ photographs onto the next and following pages]* |
| Have you obtained written or verbal consent for the transfer of clinical images? |
| Type of mobile phone/camera used: |

# Clinical photographs

## It is preferred that you copy/paste or ‘snip’ photographs into this document.

## Please consider lighting, orientation, distance and focus when selecting images.

* Attempt to capture the EXTENT of involvement in at least one photograph (wide-shot)
* Attempt to provide multiple close-up photos of condition, if relevant
* As a guide, typically 3-4 photographs are submitted along with ‘*Telederm’* proformas. Use your clinical judgement.
* **It is preferable that you use the ‘snipping tool’ to copy/paste images into this document below.** If you are unable to ‘snip’ and PASTE, please ATTACH photos along with this proforma to your email.

## Provide instructions here as to how you would like your referral sent e.g.

***Please send routine referrals via email to \*\*\*\*\*.***

***If the referral is urgent please call \*\*\* on \*\*\*\*. If you have not received a response within \*\* weeks, please contact \*\*\*\* on \*\*\*\*.***