




Mr Pramod Achan FRCS FRCS (T&O)  
 Consultant Orthopaedic Surgeon  
 30 Devonshire Street  
 London W1G 6PU

**Outpatients GP Referral Form**

**Dear Mr Achan,**

*Speciality	Orthopaedics	Consultant (if known)	ACHAN
<b>PATIENT PERSONAL DETAILS</b>			
*Referral date	*NHS number		*or n/k
Title	*Surname	*Forenames(s)	
*D.O.B	*Male	*Female	Marital status
*Address			
*Postcode			
*Does the patient have a telephone?		Yes	No
*If yes,	Home	Work	
Mobile		State preferred number	
Religion		Allergies	
Overseas status	Yes	No	N/k
Can the patient accept short notice bookings?		Yes	No
Interpreter required?	Yes	No	If yes, which language?
Special/Mobility needs			
Details of next of kin			
			
<b>GP/GDP DETAILS</b>			
*REFERRING GP / GDP		*REGISTERED GP PRACTICE (if different)	
*Practitioner name		*Practice name	
*Practice name		*Address	
*Address			
*Postcode		*Postcode	
*Telephone		*Telephone	
*Fax		*Fax	
<b>CLINICAL DETAILS</b>			

Pramod Achan

\*Comprehensive clinical details and reasons for referral

Hip

Knee

Other

\*Details of any tests requested or awaited



Medication

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