# The Face Place

# Referral form

To allow us to ensure your patient is seen as quickly as possible your referral will be triaged using the information you give us. Further investigations may be requested prior to your patient’s appointment.

Patient name:

Date of birth: NHS/ Hospital number:

Address:

Tel. Number:

Referring Clinician - name and address:

Other teams already involved – Please circle - Maxilla Facial, Ophthalmic, Oculoplastic, ENT, Otolaryngology, Neuro/Skull base surgeons, Plastic Surgeons, Neurophysiologists, Facial Rehabilitation Therapists, Audiology Other – please specify

GP phone number:

GP practice

Brief history of presenting condition. (Please provide comprehensive details)

Date of onset/Date of surgery:

Affected side (please delete as appropriate): Left Right Bilateral

Please attach relevant examination findings including previous radiological investigations such as x-ray, MRI with dates and where performed:

Past medical history :(including if have pacemaker, internal hearing device)

List of current medication: