

Minor Ops Eyelid Surgery

for patients 18 years plus in the County Durham and Tees Valley CCG areas.

NHS Number:		Date of Birth:													
Forename:		Surname:													
Address:		Postcode:													
Home Number:		Mobile:													
Referring GP:		Referring Practice:													
<h3>History</h3> <p><i>Cross (X) to confirm:</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Bleeding Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cardiac History</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Phobias (Claustrophobia/Needle Phobia)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DH: Aspirin/Warfarin/Clopidogrel/etc.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Poor Mobility</td> </tr> </table>				<input type="checkbox"/>	Bleeding Problems	<input type="checkbox"/>	Cardiac History	<input type="checkbox"/>	Phobias (Claustrophobia/Needle Phobia)	<input type="checkbox"/>	DH: Aspirin/Warfarin/Clopidogrel/etc.	<input type="checkbox"/>	Poor Mobility		
<input type="checkbox"/>	Bleeding Problems														
<input type="checkbox"/>	Cardiac History														
<input type="checkbox"/>	Phobias (Claustrophobia/Needle Phobia)														
<input type="checkbox"/>	DH: Aspirin/Warfarin/Clopidogrel/etc.														
<input type="checkbox"/>	Poor Mobility														
<p><i>Cross (X) to confirm:</i> <i>Please note conditions in red require a PAT/IFR</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Cysts</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Styes/Infected Chalazion</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Papillomas/Skin Tags/Seborrheic Keratosis</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Watering</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Trichiasis/In-Growing Lashes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Entropion/Ectropion</td> </tr> </table>				<input type="checkbox"/>	Cysts	<input type="checkbox"/>	Styes/Infected Chalazion	<input type="checkbox"/>	Papillomas/Skin Tags/Seborrheic Keratosis	<input type="checkbox"/>	Watering	<input type="checkbox"/>	Trichiasis/In-Growing Lashes	<input type="checkbox"/>	Entropion/Ectropion
<input type="checkbox"/>	Cysts														
<input type="checkbox"/>	Styes/Infected Chalazion														
<input type="checkbox"/>	Papillomas/Skin Tags/Seborrheic Keratosis														
<input type="checkbox"/>	Watering														
<input type="checkbox"/>	Trichiasis/In-Growing Lashes														
<input type="checkbox"/>	Entropion/Ectropion														
<h3>Referral Problem</h3> <p><i>Please provide any additional details for the patients referral:-</i></p>															
<h3>Preferred Location</h3> <p><i>Cross (X) to confirm:</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Bishopgate Medical Centre, 178 Newgate Street, Bishop Auckland, DL14 7EJ.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cestria Health Centre, Whitehill Way, Chester le Street, DH2 3DJ.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Whinfield Surgery, Whinbush Way, Darlington, DL1 3RT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Peaseway Medical Practice, 2 Peaseway, Newton Aycliffe, DL5 5NH.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Stanley Primary Care Centre, Clifford Road, Stanley, DH9 0AB.</td> </tr> </table>				<input type="checkbox"/>	Bishopgate Medical Centre, 178 Newgate Street, Bishop Auckland , DL14 7EJ.	<input type="checkbox"/>	Cestria Health Centre, Whitehill Way, Chester le Street , DH2 3DJ.	<input type="checkbox"/>	Whinfield Surgery, Whinbush Way, Darlington , DL1 3RT	<input type="checkbox"/>	Peaseway Medical Practice, 2 Peaseway, Newton Aycliffe, DL5 5NH.	<input type="checkbox"/>	Stanley Primary Care Centre, Clifford Road, Stanley , DH9 0AB.		
<input type="checkbox"/>	Bishopgate Medical Centre, 178 Newgate Street, Bishop Auckland , DL14 7EJ.														
<input type="checkbox"/>	Cestria Health Centre, Whitehill Way, Chester le Street , DH2 3DJ.														
<input type="checkbox"/>	Whinfield Surgery, Whinbush Way, Darlington , DL1 3RT														
<input type="checkbox"/>	Peaseway Medical Practice, 2 Peaseway, Newton Aycliffe, DL5 5NH.														
<input type="checkbox"/>	Stanley Primary Care Centre, Clifford Road, Stanley , DH9 0AB.														



Minor Ops Eyelid Surgery

Eyelid patients can currently be seen at:

Bishopgate Medical Centre, 178 Newgate Street, **Bishop Auckland**, DL14 7EJ

Cestria Health Centre, Whitehill Way, **Chester Le Street**, DH2 3DJ

Peaseway Medical Centre, 2 Peaseway, **Newton Aycliffe**, DL5 5NH

Stanley Primary Care Centre, Clifford Road, **Stanley**, DH9 0AB

Whinfield Surgery, Whinbush Way, **Darlington**, DL1 3RT

Appointments can be made:

1. Using the e-referral system:

Speciality: **Ophthalmology**

Clinic Type: **Oculoplastics/Orbits/Lacrimal or External Eye Disease**

Clinic: **Minor Eyelid Surgery – Ophthalmology – Clinic Address,
Minor Ops Ltd NX2**

2. Eyelid booking line:

0191 917 8886 & Option 1 (9am -5pm Mon-Fri)

3. Paper referral: (only if e-referral is unavailable)

Minor Ops Eyelids

MY Eye Clinic

Great North Road

Brunton Park

Gosforth

NE3 5NA

4. Secure email:

minor.ops@nhs.net

Please find attached a booking form that can be photocopied or completed electronically.

Completed forms can be attached to e-referral, posted or e-mailed.