

Hospital use Only	Clinic	Day Date	Time	Hospital No
----------------------	--------	-------------	------	----------------

Ambulance transport required?

REFERRAL LETTER

--- MEDICAL IN CONFIDENCE ---

REFERRAL TO	
Consultant Urologist	Consultant / receiving practitioner and/or speciality clinic
PRIVATE	Hospital and Hospital Address
	Hospital No
	E-mail address
Urgency of referral (give reason if other than routine)	
Routine	

PATIENTS DETAILS		Patients Address
Surname	Powles	40 Llwyn-Yr-Eos Grove Penyard Merthyr Tydfil Mid Glamorgan CF47 0GA
Forename(s)	Tomas	
Previous Surname		
Title	Master	
Sex	M	Telephone No: 383099
Date of Birth	26-Sep-2002	Mobile Phone No: 07760882339
NHS No	648 765 0919	Work Phone No - No]

Referring Practitioner Details		Practice Address
Name	CARNEY, Rob (Dr)	Ty Morlais, Berry Square Dowlais Merthyr Tydfil Mid Glamorgan CF48 3AL
Practice Code	W95086	
Email Address	morlaismedicalpractice@yahoo.com	
Telephone No	01685 385339	
Fax No	01685 722951	

PROVISIONAL DIAGNOSIS / Reason for referral (Including expectation of referral outcome)

Phimosis – Requesting circumcision

History of presenting complaint / examination findings / investigation results

Dear Colleague,

I would be most grateful if you could consider this 19 year old gentleman for a circumcision, as he has a longstanding phimosis. He is able to pass urine, however he is having daily discomfort from this phimosis and is unable to retract the foreskin. He is not currently sexually active. This has been a longstanding issue and he is now experiencing a lot of pain.

He was seen previously by the paediatric surgeons who were keen to wait to see if this rectified, however it seems to have got worse.

He has been referred on the NHS, however there is a long waiting list for him to be seen. I would be most grateful if you could consider this gentleman for a circumcision.

Many thanks.

Past Medical history (Computer generated from problem lists where possible)**Problems****Active**

Date	Problem	Associated Text	Date Ended
09-Dec-2021	Phimosis		
13-Oct-2010	O/E - dry skin		
22-May-2008	Tongue tie		
17-Mar-2008	Persistent cough		

Significant Past

Date	Problem	Associated Text	Date Ended
23-Nov-2017	Impacted canines		15-Feb-2018
19-Sep-2006	Closed fracture distal humerus, lateral condyle	right	
15-Mar-2005	Persistent cough		12-Sep-2006
25-Sep-2003	Tongue tie		

Family History (Computer generated)**Family History****Current and recent medication** (Computer generated and free text)**Medication****Acute**

Drug	Dosage	Quantity	Last Issued On
Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)	1 dose	1 dose	18-Sep-2021

Allergies

Additional relevant information (Including patients issues social circumstances and special needs)

PP. L. Evans

CARNEY, Rob (Dr)

09-Dec-2021

Signature of referring doctor (or other professional)

Date