**Enhanced Access Service**

**Referral Form**

**Please complete the below form IN FULL and email to**

[**lgmch.enhancedaccessadmin@nhs.net**](mailto:lgmch.enhancedaccessadmin@nhs.net)

**2 Week Wait referrals forms to be completed separately**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **NHS Number** |  |
| **Registered GP Practice** |  |
| **Referral to (E.G. ENT / Dermatology etc)** |  |

**Ensure all information necessary is on the referral form**