# Skin Camouflage Service referral form for health professionals in Scotland

To refer a patient to our Skin Camouflage Service, complete the form below and send to us at: Changing Faces, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW.

Please note that **this form is only for health professionals based in Scotland who cannot otherwise use our secure webform**. Health professionals in England can make a referral using our secure webform – please visit: <http://www.changingfaces.org.uk/skin-camouflage-patient-referral>. Unfortunately, we cannot accept referrals from Wales or Northern Ireland at this time.

**Part 1: Your patient’s details**

|  |  |
| --- | --- |
| **Patient’s first name** |  |
| **Patient’s last name** |  |
| **Patient’s date of birth** Enter as DD/MM/YYYY. Patient must be 5 years’ old or over. | DD/MM/YYYY |
| **Patient’s age group** | [ ]  5-15 [ ]  16+ |
| **Patient’s mobile number**Enter home number here if no mobile. |  |
| **Is your patient happy for us to leave a message on the number above?** | [ ]  Yes [ ]  No |
| **Patient’s email address** |  |
| **Patient’s postcode** Must be a Scottish postcode as postal referrals are only accepted within Scotland. |  |

**Part 2: Your details**

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Job title** |  |
| **Email address** |  |
| **Contact number** |  |
| **Practice name/ ward/ department** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Address line 3** |  |
| **Postcode** |  |
| **Health Board** |  |
| **Referral date** | DD/MM/YYYY |

We would like to keep you informed about Changing Faces work with health and social care professionals. Yes, you may use my email address to update me. [ ]

All information will be kept confidential and will not be passed onto any third parties. You can read our full privacy policy on our website at <http://www.changingfaces.org.uk/privacy>.

**Please return this form by post to: Changing Faces,** The Circle, 33 Rockingham Lane, Sheffield, S1 4FW.