# 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.