

Referral to the Barts and the London HPB Centre
 The Royal London Hospital, Whitechapel, London E1 1BB
www.bartsandthelondon.nhs.uk/HPBcentre/
 FAX No. 020 7377 7439 (Page 1 of 2)

Date of referral:	__ __ / __ __ / 200 __
Type of referral:	<input type="checkbox"/> NHS <input type="checkbox"/> Private
Referral to:	<input type="checkbox"/> HPB Centre
Specific consultant surgeon:	<input type="checkbox"/> Mr Bhattacharya <input type="checkbox"/> Mr Hutchins <input type="checkbox"/> Mr Kocher <input type="checkbox"/> Mr Abraham
Urgency:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent: Suspected cancer <input type="checkbox"/> Urgent: Not cancer
Referral for:	<input type="checkbox"/> Clinic appointment <input type="checkbox"/> In-patient transfer: <input type="checkbox"/> Multi-disciplinary opinion <input type="checkbox"/> Ward <input type="checkbox"/> Intensive care unit <input type="checkbox"/> High dependency unit
Provisional diagnosis:	<input type="checkbox"/> Liver cyst <input type="checkbox"/> Pancreatic tumour <input type="checkbox"/> Liver tumour <input type="checkbox"/> Neuroendocrine tumour <input type="checkbox"/> Primary <input type="checkbox"/> Acute pancreatitis <input type="checkbox"/> Secondary <input type="checkbox"/> Pancreatic cyst/pseudocyst <input type="checkbox"/> Gall bladder tumour <input type="checkbox"/> Chronic pancreatitis <input type="checkbox"/> Gallstone disease <input type="checkbox"/> Other <input type="checkbox"/> Bile duct tumour
Patient's details:	
Name:	
Date of birth:	
Address:	
Telephone:	Mobile phone:
Hospital No.	
GP name & address:	

Referring Clinician:

Name:

Designation:

Hospital/ address:

Telephone:

Fax:

E-mail:

Clinical history/findings: (you are welcome to put all this in a separate referral letter if you wish)

Investigations done:

Ultrasound

CT

MR / MRCP

ERCP

FDG PET

Other

If you have already spoken to some one from the Team about this referral, who have you spoken to?

Please FAX the completed form to 020 7377 7439, along with any referral letter and scan reports that you may wish to send. DO NOT e-mail this form.

Please put ALL relevant scans in the post to:

Barts and The London HPB Centre, 2nd Floor, Front Block,

Royal London Hospital, Whitechapel, London E1 1BB

(If your referral is to a particular doctor, address the packet to him)