**Thoracic Surgery Inpatient Referral Form**

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| Patient Name | Referring Doctor | |
| CHI | Contact details of Referring Doctor | |
| Hospital & Ward | Referring Consultant | |
| Background / Clinical Problem / Co-Morbidities | | |
| Advice Given by Thoracic Service | | |
| Consultant Thoracic Surgeon Choose an item. | | |
|  | | |
| Cardiothoracic Registrar | | |
|  | | |
|  |  | Date |