**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  |