

FAX or POST this FORM to ONLY ONE of the hospitals listed.	HOSPITAL			HOSPITAL		
		PHONE	FAX		PHONE	FAX
<input type="checkbox"/>	Beaumont Hospital, Dublin 9	01 8092529		<input type="checkbox"/>	Roscommon General Hospital	090 6627060
<input type="checkbox"/>	Cavan General Hospital	049 4376535	049 4376801	<input type="checkbox"/>	Sligo Regional Hospital	071 9171111 ext 3062 071 9174549
<input type="checkbox"/>	Galway University Hospital			<input type="checkbox"/>	South Infirmary Hospital, Cork	021 4926280 021 4926628
<input type="checkbox"/>	Mater Hospital, Dublin 7	01 8032295	01 8034036	<input type="checkbox"/>	St James's Hospital, Dublin 8	01 4284158
<input type="checkbox"/>	University Hospital Limerick	061 585660	061 585826	<input type="checkbox"/>	St Vincent's Hospital, Dublin 4	01 2214189 01 2213717
<input type="checkbox"/>	Midland Reg. Hosp., Mullingar	044 9394516	044 9394529	<input type="checkbox"/>	Tallaght Hospital, Dublin 24	01 4143472 01 4144848
<input type="checkbox"/>	Our Lady of Lourdes Hos., Drogheda	041 9874796	041 9875260	<input type="checkbox"/>	Waterford Regional Hospital	051 842150 051 842290

Patient Details

Surname: _____
 First Name: _____ DOB: _____
 Address: _____

 Mobile No: _____ Tel day: _____
 Tel evening: _____
 Hospital No. (if known): _____
 First language: _____ Interpreter required: Yes No
 Gender: Male Female Wheelchair assistance: Yes No

General Practitioner Details

Name: _____
 Address: _____

 Telephone: _____ Mobile: _____
 Fax: _____
 GP Signature: _____ Date of Referral: _____
 Medical Council Registration No.: _____

Referral Information (please tick relevant boxes):

Is this a pigmented lesion?
 Yes No
 Site: _____ Size: _____ mm
 Duration of symptoms _____ (weeks)

Do you think this is:
 A likely melanoma
 A changing mole – requires assessment
 A benign mole, but would like an opinion
 Ugly duckling sign (*Mole or lesion which looks different than the patient's other moles*)
 Other (*please specify*) _____

MELANOMA CHARACTERISTICS:

The ABCDE Lesion System

A Asymmetry in two axes
 B Irregular Border
 C At least two different Colours in lesion
 D Maximum Diameter >6mm
 E Evolution of lesion

Risk Factors

Atypical moles
 A large number of moles (>50)
 Fair complexion e.g. fair skin, blue eyes, red/blond hair
 A previous melanoma or other non-melanoma skin cancer
 Immunosuppression
 A family history of melanoma
 History of childhood sunburn
 Sun bed exposure

Anticoagulants: Yes No
 Aspirin Plavix Warfarin Other
 If yes please specify _____

Allergies: Yes No
 If yes please specify _____

Past medical history: _____

Comments: _____

FOR HOSPITAL USE:

Date of referral received: _____
 Date of appointment offered: _____ Dates patient available: _____
 Reason patient did not accept first appointment offered: _____

Skin Team Triage
 Urgent referral
 Soon
 Routine referral

Triaged by: _____