

**Children’s Ambulatory Unit (CAU)**

Ambulatory unit, Level 2, Whittington Hospital, Magdala Ave, London, N19 5NF

Telephone 020 7288 3560

**GP Referral Form for 10-12 clinic**

Date ...../..../…...

All urgent referrals will be triaged and when appropriate, given an appointment within 1-3 working days in the 10-12 clinic. The 10-12 clinic is now held within the Children’s Ambulatory Unit on level 2. In some cases referrals will be seen in an alternative clinic, when they require more specialised care.

**Children will no longer be accepted on the same day into the 10-12 clinic.**

A same day paediatric day can be arranged when needed, by contacting the paediatric SpR on bleep 3111 via the main hospital switchboard 020 7272 3070.

Alternatively a paediatric consultant can be reached for advice on the GP Hotline - 07796940840 09.00-21.00

**Patient Details**

Child’s Name: Home tel:

DOB: Mobile tel:

Family Address: **NB a referral cannot be accepted**

**without a current telephone number**

NHS No.: Interpreter needed?

Whittington No . If yes – what language?

(If child known to already have one)

**Please email completed form to** [whh-tr.childrensambulatorycare@nhs.net](mailto:whh-tr.childrensambulatorycare@nhs.net)

**GP Details**

GP Dr.: GP tel:

Practice GP Fax:

Address: GP Email:

**NB we can only reply to nhs.net accounts**

Heath Visitor Clinic / School:

**Medical Details**

Presenting Problem:

GP Intervention/Management to date:

Please include any other relevant history, including information about allergies and drug history

Urgent Assessment needed because:

**Referral Completed By:**

**Signed Print Doctor**