



## Options for Twitty

Current Programmes

Other Options

Programme	Options	Practice Allocation
Skin Lesion Programme	<a href="#">New Referral</a>	

[show all options](#)

## Skin Lesion Referral

[Patient](#)

[Provider](#)

[Contact Details](#)

[Referral Details](#)

[Lesion 1](#)

### Address

152 WellSouth Ave

Suburb

Invercargill

9810

### Phone Number

Landline

022 555 5555

[Submit Referral](#)

[Cancel](#)

[Park Form](#)

## Skin Lesion Referral

Patient   Provider   Contact Details   Referral Details   Lesion 1

Referral Date

16/07/2021



### Reason for Referral

Requesting

Referral to Self  
Referral to other GPSI  
Advice only



### Clinical Information

Date seen by GP

DD/MM/YYYY



Priority

Routine  
Semi urgent  
Urgent



Relevant Medication History

Relevant Medical History

### Relevant History

- Patient on immunosuppressants?
- Patient on anti-platelet medication?
- Patient on oral steroid therapy?
- Patient on anticoagulation therapy?


Additional Clinical Information

# Skin Lesion Referral

Patient    Provider    Contact Details    Referral Details    **Lesion 1**

## Description of Lesion 1

Site       Size  mm

Provisional Diagnosis  
Please specify  ▼

- Naevus
- Melanoma
- BCC
- SCC
- Other malignancy
- Actinic keratosis
- Seborrheic keratosis
- Other benign

Relevant information regarding lesion

Select Images:

**Add File**

At least one image must be included

Duration       Any change, if so how?

Has the lesion been biopsied?

[Add details of another lesion](#)

**Submit Referral**    Cancel    **Park Form**

Can add additional lesions here – another tab will appear at top of portal  
Lesion 2, Lesion 3 (maximum of 3)

Has the lesion been biopsied?

Histology Results

