**Referrals will be processed during our hours: Mon – Thurs 08:00 -16:30, Fri 8:00 – 1300. Referrals received outside these hours are processed the next working day. Please see details on TRAK for any declined referrals.**

**District Nursing Service Referral Form**

Refer to East Lothian: [loth.eldnteams@nhs.scot](mailto:loth.eldnteams@nhs.scot) | Edinburgh: [loth.edinburghdnteams@nhs.scot](mailto:loth.edinburghdnteams@nhs.scot)

Midlothian: [Loth.mldnteams@nhs.scot](mailto:Loth.mldnteams@nhs.scot) | West Lothian: [loth.wldnteams@nhs.scot](mailto:loth.wldnteams@nhs.scot)

**For end of life or emergency visits, please contact your district nursing team directly**

Date «SYSTEM\_Date»

Current Consultation

«REFERRAL\_Clinician»

«CURRENT\_CONSULTATION»

Patient Details

Name: «PATIENT\_Title» «PATIENT\_Forename1» «PATIENT\_Surname»

Chi No «PATIENT\_CHI\_Number»

Contact No «PRACTICE\_Main\_Comm\_No» Mob «PATIENT\_Mobile\_No»

Address «PATIENT\_BlockAddress»

Reason for referral please complete

Access info /key safe number please complete

Medical history

«MEDICAL\_HISTORY»

Allergies

«DRUG\_ALLERGY»

Repeat medication

«REPEATS»