

Post or send via e-referral this FORM to **ONLY One** of the National Pigmented Lesion Clinics at any of the following hospitals to avoid duplication.

- Beaumont University Hospital, Dublin 9
- Galway University Hospital, Galway
- Central Referrals Office, Mater Misericordiae University Hospital, Dublin 7
- Naas General Hospital, Naas, Co. Kildare
- Our Lady of Lourdes Hospital, Drogheda, Co. Louth
- Roscommon University Hospital, Roscommon
- Dermatology Department, Sligo University Hospital, Sligo

- St James's University Hospital, Dublin 8
- St Vincent's University Hospital, Dublin 4
- South Infirmary Victoria University Hospital, Cork
- Tallaght University Hospital, Dublin 24
- University Hospital Kerry, Tralee, Kerry
- University Hospital Limerick, Limerick
- University Hospital Waterford, Waterford

**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: \_\_\_\_\_

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*) \_\_\_\_\_

<p><b>MELANOMA CHARACTERISTICS:</b></p> <p><b>The ABCDE Lesion System</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>A</b> Asymmetry in two axes</li> <li><input type="checkbox"/> <b>B</b> Irregular Border</li> <li><input type="checkbox"/> <b>C</b> At least two different Colours in lesion</li> <li><input type="checkbox"/> <b>D</b> Maximum Diameter &gt;6mm</li> <li><input type="checkbox"/> <b>E</b> Evolution of lesion</li> </ul>	<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Atypical moles</li> <li><input type="checkbox"/> A large number of moles (&gt;50)</li> <li><input type="checkbox"/> Fair complexion e.g. fair skin, blue eyes, red/blond hair</li> <li><input type="checkbox"/> A previous melanoma or other non-melanoma skin cancer</li> <li><input type="checkbox"/> Immunosuppression</li> <li><input type="checkbox"/> A family history of melanoma</li> <li><input type="checkbox"/> History of childhood sunburn</li> <li><input type="checkbox"/> Sun bed exposure</li> </ul>
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**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:**

<p>Date of referral received: _____</p> <p>Date of appointment offered: _____ Dates patient available: _____</p> <p>Reason patient did not accept first appointment offered: _____</p>	<p><b>Skin Team Triage</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent referral</li> <li><input type="checkbox"/> Soon</li> <li><input type="checkbox"/> Routine referral</li> </ul> <p>Triaged by: _____</p>
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