NHS
Southend University Hospital
NHS Foundation Trust

TCI UNDER THE CARE OF:

REFERRING GP **NAME** **ADDRESS**	**HOSPITAL NUMBER:** **SURNAME:** **MR ☐ MS ☐ MRS ☐ MISS ☐** **FORENAMES:**
INTENDED PROCEDURE:	**D.O.B:** **SEX: M ☐ F ☐**
CONSTRAINTS / COMMENTS ON ADMISSION:	**ADDRESS:**
BLOOD TEST: ☐	**POST CODE (OR FIX LABEL):**
PRIORITY: **1 - URGENT ☐ 2 - INTERMEDIATE ☐ 3 - ROUTINE ☐**	**WORK TELEPHONE:** **HOME TELEPHONE:**
CAN PATIENT COME AT 24HRS NOTICE? **YES: ☐ NO: ☐**	**TRANSPORT REQUIRED?** **WALKING ☐ CHAIR ☐ STRETCHER ☐**
INPATIENT ☐ DAYCASE ☐	**WEIGHT:** **HEIGHT:** **BMI:**
CATEGORY: **NHS ☐ PRIVATE ☐ OVERSEAS VISITOR ☐**	**THEATRE TIME:** **MINS** **ESTIMATED LENGTH OF STAY:** **DAYS**

PATIENT TO BE BOOKED – TCI DATE:	
SIGNATURE:	**DATE:** **CON ☐ SHO ☐ SP.DR ☐**

DATE TO BE ADMITTED	DATE LETTER SENT	TRANSPORT ARRANGED	CANCELLED BY HOSPITAL	PATIENT REFUSED CAUSE	DNA

REVIEW LETTER SENT	DNA LETTER SENT	KEEP ON LIST	REMOVE FROM LIST

ALLERGIES:

COMPLETE IF APPLICABLE	
	DAY STOP
DIABETIC	**INSULIN / TABLET**
ASPIRIN	
CLOPIDOGREL	
WARFARIN	
Last date warfarin to be taken prior to TCI:	
Treatment Plan:	
Clexane:	**YES: ☐ NO: ☐**
Dose to be Administered:	
Duration:	