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| --- | --- |
| Patient Name: | NHS Number: |
| Patient’s Address: | GP details: |
| Patient’s contact phone number (preferably mobile number): |  |
| Diagnosis requiring IV antibiotics: |  |
| Significant past medical history: | Medication allergies: |

CACTAS Referral Form

[ ] Please tick this box to confirm that your patient is systemically well enough to have outpatient based treatment and that they have no other reason (e.g. a need for increased social care package) to require admission to hospital.

[ ] Please tick this box to confirm that your patient is able to attend one of the CACTAS clinics (usually Marfleet Health Centre but other sites may be available depending on individual circumstances).