## Kingston Wing Iron Clinic

## Referral for review and treatment for those with symptoms of iron deficiency

Date of referral: / /

Full blood count taken within 1 month	Yes 🗆 No 🗖
Haematinics taken within 1 month	Yes 🛛 No 🖵
Transferrin saturation taken within 1 month	Yes 🛛 No 🔾

Name:Name:Practice/speciality:Address:Telephone: Mobile: Email:DoB: NHS Number: Telephone: Mobile: Email:	Referrer details	Patient details
Telephone: Mobile: Email: NHS Number: Telephone: Mobile:	Name:	Name:
Mobile: DoB: Email: NHS Number: Telephone: Mobile:	Practice/speciality:	Address:
Email:	Mobile:	NHS Number: Telephone:

**Reason for referral and relevant information** - please include symptoms, PMH, known causes etc.

Investigations to determine the cause of anaemia is not the responsibility of the iron clinic and is not part of the service offered. GP's should discuss the cause of anaemia with the patient and initiate investigations if this is considered appropriate.

Is the patient taking oral iron? Has the patient taken oral iron in the past? Has the patient had an iron infusion in the past? Yes I No I Yes I No I Yes No I

Please send the completed referral to: AnaemiaService@ydh.nhs.uk, or Post to: Alison Hill, Pathology, Yeovil Hospital, Higher Kingston, Yeovil, BA21 4AT, or Fax: 01935 410 753

