

NEL CCGs (EBI): Abdominal wall hernia management and repair

Any false declarations made on this form will invalidate funding approval

PATIENT CONSENT

Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given:

Yes No

APPLICANT DETAILS

Clinician Making Request:

Department:

Clinician Full Name:

Designation:

Email (nhs.net):

Telephone:

PATIENT DETAILS

NHS Number:

GP Practice Name:

Patient DOB:

GP Practice Code:

Patient Hospital No:

Sub-Type:

N/A

Form Information

Does this request relate to a procedure that has already been carried out?

Yes No

Please indicate whether patient meets the following criteria:

With prior approval, NEL CCGs will fund abdominal wall hernia management and repair when one of the following hernias are diagnosed:

- Symptomatic hernias (i.e. hernias causing pain) OR
- Irreducible hernias OR
- All femoral hernias OR
- Spigelian hernias OR
- Inguinal hernias extending to scrotum OR
- Incisional hernias with small defects OR
- Hernias at risk of strangulation - small neck OR
- Symptomatic umbilical hernias

* Required

Additional information:

For further advice on completing this form please contact the prior approvals team on 020 3049 4366 or nelcsu.pas@nhs.net

SUBMISSION DECLARATION

I confirm that the above information is complete and accurately describes the patient's condition.

Submitting User

Date

