PRIOR APPROVAL REQUEST FORM

Please only use this form when **all** treatment options available within locally provided services have been exhausted and it is **clinically appropriate** to consider accessing healthcare services elsewhere.

Details of clinician making the referral:	**Details of clinician patient is being referred to:**
Name:	Name:
Designation:	Specialty:
Address:	Address:
Postcode:	Postcode:
Telephone number:	Telephone number:
Fax number:	Fax number:
Email:	Email:

Patient Details	
Forename:	Surname:
Address:	Date of birth:
	Telephone number:
	NHS number:
Postcode:	Hospital number:

Urgency			
How urgent is the request? (tick as applicable)	**Urgent:** 24-48 hours	**Soon:** Within 3 weeks	**Non-urgent:** 4-6 weeks

Please note: If a decision is required urgently, clinical reasons must be provided. Administrative reasons will not be considered.

Reason for request

- ☐ Referral to UK designated Service
- ☐ NICE/ AWMSG approved treatment
- ☐ Second opinion
- ☐ Lack of local/commissioned service provision/expertise
- ☐ Clinical continuity of care
- ☐ Transfer back to the NHS following self-funding in the private sector
- ☐ Student
- ☐ Veteran
- ☐ Other – please specify

Clinical details
Details of treatment requested:
Medical history and current clinical status: (**Please provide a copy of the latest clinical report**)
What plans are in place to ensure the patient is returned to local services following the treatment/intervention requested?
Has advice been sought from other colleagues or neighbouring Health Boards with whom we hold a contract (please provide details)
Additional information to support the referral: (clinical letters/reports should be attached)
Cost of treatment:

I confirm that as the patients Consultant/GP, I have discussed this application and consent has been provided to obtain further clinical information pertinent to this funding request if required.

Clinicians signature:
Date:

Please return this form with a copy of the referral letter to:

Please return completed form to:
Patient Care Team, Joint Commissioning Committee,Unit G1, The Willowford,
Treforest Industrial Estate, Pontypridd, CF37 5YL
Email: nwjccipc@wales.nhs.uk or whssc.ipc@nhs.net

If you have any questions, please telephone 01443 443443 ext.78123