NHS
Hampshire & Isle of Wight HCQ Monitoring Service

Suite E, Anchor House,
School Lane,
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Eastleigh, Hampshire,
SO53 4DY
Tel: 01983 898334

NHSnet Email: hil.hcq.referral@nhs.net
(Secure for PID)

HCQ MONITORING REFERRAL FORM

Please enter your patient's details:

NHS No.	
Title	
Forename	
Surname	
Address	
Postcode	
Contact Tel No.	
Date of Birth	
Gender	
Ethnic Group	
Preferred language for letters (if not English)?	
Learning disability?	
Registered GP Practice	
Prescribing Clinician (Rheumatologist or Dermatologist)	
Consultant Name and Specialism	
Hospital Trust and site	

Details of last appointment	
Date commenced on HCQ medication including Dose, Units and Frequency of administration	
Current Dose	
Body Weight or BMI	
Previous Baseline Assessment undertaken and Date	
Risk Factors:	