Please send this form with the referral letter or to the consultant who you sent the referral to

### Lifestyle Information

<table>
<thead>
<tr>
<th>Latest BMI: $Latest_BMI</th>
<th>Latest BP: $Latest_BP</th>
<th>Smoking Status:</th>
</tr>
</thead>
</table>

Has the patient been referred for:  
- [ ] Weight Management  
- [ ] Smoking Cessation

### T37 Treatment of benign perianal skin lesions in secondary care

#### Information Governance Statement

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient’s medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information?  
[ ] Y  
[ ] N

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.

#### Instructions for use:

**To Referring Clinicians (e.g. GP’s):** Please refer to the above policy, complete the form and provide evidence to support the criteria.

**To Consultants:** Please complete the form below and ensure there is evidence that the criteria are met.

**WSCCG will only fund surgical treatment of benign perianal skin lesions when the following criteria are met:**

*In ordinary circumstances*, referral should not be considered unless the patient meets **one or more** of the following criteria.

<table>
<thead>
<tr>
<th>There is clinical uncertainty about the benign nature of the skin lesion</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral warts (condylomata) which have failed to respond to non-surgical treatment and are so extensive that surgical excision is required. These patients will always be referred by a specialist in Genitourinary Medicine.</td>
<td>Y/N</td>
</tr>
<tr>
<td>Viral warts in immunocompromised patients where underlying malignancy may be masked</td>
<td>Y/N</td>
</tr>
<tr>
<td>Anal skin tags which result in faecal seepage giving rise to issues of both personal hygiene and quality of life. Surgical treatment may be offered following a six month period of conservative measures and a further clinical review. Conservative measures include general advice and guidance, and trial of a bulking agent.</td>
<td>Y/N</td>
</tr>
</tbody>
</table>
* If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to I&ES CCG and WSCCGs’ Individual funding request policy for further information.

Consultant Use Only:
Please complete the following and file for future compliance audit.

Referral criteria is met and the patient will benefit from the proposed treatment: Y/N

Signature……………………………………
Date:
Consultant Name:
Institution:

GP Use Only:
Practice Stamp/Address:

Referring Clinician _______________________

Date: ___/___/___

For Commissioners Use:
Criteria met as per policy Y/N
Compliance with notes Y/N
Audit Date:
Audited by: