

Self-Referral Form

You can self-refer providing:

- You are male and are 65 years and over.
- You have not previously had a scan through the NHS AAA Screening Programme where the aorta was found to be within normal limits.
- You have not previously had AAA surgery.

Name	
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Address	

Post Code	
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Telephone	
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Date of Birth	
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NHS Number (10 digits)										
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Name of GP Practice	
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How did you find out about the AAA Screening Programme?	<input type="checkbox"/> Local press <input type="checkbox"/> GP advice <input type="checkbox"/> Poster in GP practice <input type="checkbox"/> Poster in pharmacy <input type="checkbox"/> Friend	<input type="checkbox"/> National AAA website <input type="checkbox"/> Local NHS Website <input type="checkbox"/> Other.....
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Please return to:

Address: **Freepost RTJJ-LLTE-ABRH, Five Rivers Screening Programme, Colchester General Hospital, Turner Road, Colchester, CO4 5JL**

Or phone: **(01206) 746283 or 746282**

Or email: chu-ftr.5riversaaa@nhs.net

For Office Use Only

Date Received:

Date on System:

Booked: Y N

Notes:

Appt date: