Photonet
National Managed Clinical Network for Phototherapy in Scotland

PHOTOSYS REFERRAL FOR PHOTOTHERAPY / PUVA

NHS SCOTLAND

Label if available, if not please fill in details below:	**Skin Phototype**	**I**	**II**	**III**	**IV**	**V**	**VI**
CHI:	Format of consultation:						
Surname:	Telephone: ☐						
Forenames:	Near Me: ☐						
Address:	In person: ☐						
Contact tel number:	Postcode:						

Referred by: Centre referred to: URGENT referral ☐

Date of GP referral (if new pt): Planned holidays/periods away:

Concomitant systemic retinoid ☐ | **Face shield** ☐

Treatment requested:	**Narrowband UVB**	☐
	Psoralen & UVA (PUVA)	☐
	Systemic (8-MOP)	☐
	Systemic (5-MOP)	☐
	Bath PUVA	☐
	Localised Topical	☐
Area(s) to be treated:	Whole body	☐
	Photo-exposed sites	☐
	Hands & Feet	☐
	Hands Only	☐
	Feet Only	☐
	Legs	☐
	Scalp	☐
	Entire Male Body	☐

PRIMARY DIAGNOSIS: (tick one box only)

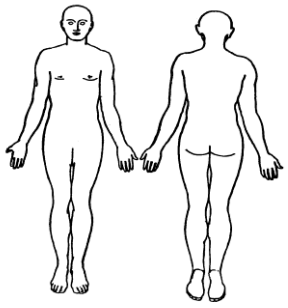
01	Psoriasis		**09**	Vitiligo	
02	Palmar Plantar Pustulosis		**10**	Mycosis and Pre-mycosis Fungoides	
03	Atopic Eczema		**12**	Lichen Planus	
04	Other Dermatitis		**13**	Granuloma Annulare	
05	Nodular Prurigo		**14**	Pityriasis Lichenoides Chronica	
06	Polymorphic Light Eruption		**15**	Alopecia Areata	
07	Pruritus		**16**	Other: ……	
08	Chronic Urticaria				

Important Additional Diagnosis……

GENERAL RISKS:

		YES	**NO**
100	Pregnancy (for oral PUVA)		
101	<18 Years of age		
102	SLE		
103	Severe renal or hepatic impairment (for PUVA)		
104	Known severe adverse reaction to psoralens		
105	Concomitant systemic immunosuppression		
106	Concomitant topical calcineurin inhibitor		

DISEASE EXTENT:draw



SKIN CANCER RISK FACTORS

		YES	NO			YES	NO
200	Prior PUVA/UVB therapy			**209**	Sunbed (>50 sessions/yr >2 yrs)		
201	Lived for >1yr in the tropics			**212**	Personal history of skin cancer		
202	Radiotherapy			**215**	Others		

	YES	NO
Patient is at increased risk of skin cancer and should be tagged on Photosys for annual skin review. Please note that such patients are in addition to those patients who have had > 500 cumulative UVB treatments or >200 PUVA treatments who are automatically identified for annual skin review through Photonet.		

The treatment and possible side effects have been explained to me.

I confirm that I have been given a copy of the Photonet leaflet explaining how my data might be used.

I confirm I have been offered a patient Information Leaflet about the relevant type of phototherapy.

I agree to undertake a course of Phototherapy.

Consultant / Clinic: …… **Date:… … … … … … ……..**

Patient's signature:…… **Clinician's signature:… … … … … …**

FOR COMPLETION BY PHOTOTHERAPY UNIT

Starting date: ____/____/____ MPD = _____ MED = _____ End date: ____/____/____

Appropriate delay in treatment (either at clinician or patient request) ☐

Reason for delay in treatment (if applicable): _____

Total Dose: PUVA = _____J/cm^2 UVB = _____ J/cm^2 UVA1 = _____J/cm^2

No. of treatments: _____

Result:

Cleared	☐
Minimal residual activity	☐
Moderate clearance	☐
Minimal improvement	☐
No change	☐
Worse	☐
Not Applicable	☐
Did not complete course (DNA)	☐

Adverse effects/severity: _____

Painful Erythema? (Grade 3 or 4) **YES/NO**

If Yes: Localised ☐ Generalised ☐

Treatment on discharge:

Discharge to G.P.	☐
Review – referring clinic	☐ in …… months
Open appointment given	☐
Standard letter	☐
Advised to use Topical Therapy	**YES/NO**

Signed:_____ **Name/Grade: _____** **Date : ___/___/___**