HEALTHCARE WASTE COLLECTION REFERRAL FORM

Sections to be completed by a Healthcare Professional – Strictly Confidential	
PATIENT'S DETAILS	
Patients's Name	
Patient's Address (Including Postcode)	
Patient's Telephone Number	

HEALTHCARE ASSESSMENT OF INTENDED WASTE RESULTING FROM TREATMENT		Tick category
YELLOW SHARPS BOX	Infectious sharps contaminated with medicines	☐
YELLOW SHARPS BOX PURPLE LID	Infectious sharps contaminated with cytotoxic / cytostatic products	☐
ORANGE SACK	Infectious waste that can be treated	☐
OFFENSIVE	Waste that is not infectious and does not require specialist treatment or disposal	☐

HEALTHCARE PROFESSIONAL DETAILS

(To include Healthcare Professional: Name, contact number, address, or email – stamp may be used)

frimleyicb.wellington.practice@nhs.net

Dr S Rathor
The Wellington Practice
Aldershot Centre For Health
Hospital Hill, Aldershot, Hants
GU11 1AY Tel: 01252 229840

Declaration to be completed by PATIENT if PATIENT is submitting referral form to Local Authority

Only waste as described above should be presented by the Patient under this referral

Print Name		Signature		Date	

Once complete Healthcare Professional or Patient to send form to Local Authority collection service (Details on revers of form)

HEALTHCARE WASTE COLLECTION REFERRAL FORM

Additional information for Hampshire Local Authority use only			
Local Authority Reference Number			
Property type and Pick up location			
Likely frequency and duration of requirement *(e.g. weekly, on request)*			
Sharps Box collection service (tick requirement)		Sack collection service (tick requirement)	
Deliver sharps box	☐	Deliver sacks	☐
Collect and replace box	☐	Collect and replace sacks	☐
Collect only no replacement	☐	Collect only no replacement	☐