National standardised patient referral template

Referral details

Hospital:	
Specialty/Service:	
Preferred consultant/healthcare practitioner:	
Has the patient previously attended the hospital	☐ yes
Priority (GP):	☐ urgent ☐ routine
Date of referral:	

Patient details

Surname:	
First name:	
Address:	
Date of birth:	
Gender:	
Next of Kin:	
Mobile number:	
Telephone (day):	
Telephone (evening):	
Hospital number:	
First language:	
Interpreter required:	☐ yes ☐ no
Wheelchair Assistance:	☐ yes ☐ no

Referrer details

Name:	
Address:	
Telephone:	
Fax:	
Mobile:	
Signature of referrer:	
Medical Council registration number:	

Patient's usual GP (if different from Referrer details above)

Name:	
Address:	

Clinical information

Reason for referral/Anticipated outcome:

Symptoms (including history of presenting complaints and interventions to date):

Examination findings:

Relevant tests/investigations: ☐ attached ☐ not applicable

Past medical history:

Current medication:

Allergies/Adverse medication events

Relevant Family history:

Relevant Social history:

Additional Relevant information (including special needs, disabilities, clinical warnings):

For hospital use (referral management and outcome)			
Date referral received:		Triage outcome (priority):	☐ urgent ☐ soon ☐ routine
Date sent for triage:		Date of new attendance:	
Date returned from triage:		Consultant clinic:	

Patient's name:

Patient's date of birth:

Referring GP's name: