

# MEDICAL REFERRAL LETTER

Referring Doctor / Medical Practitioner: \_\_\_\_\_

Clinic / Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Patient Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

NHS Number (if applicable): \_\_\_\_\_

## Referee / Specialist Details:

Consultant / Specialist Name: \_\_\_\_\_

Clinic / Hospital: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Clinical Information and Reason for Referral:

Please find the relevant clinical information below regarding the patient's current condition. This referral is made for further assessment, investigation and/or treatment by the specialist as deemed appropriate.

## Relevant Medical History:

Please provide a concise summary of relevant medical history, including previous diagnoses, treatments, medications, allergies, and any other pertinent information.

## Current Medications:

List all current medications, including dosage and frequency.

## Investigations Undertaken:

Provide details of any investigations or tests already performed relevant to this referral (e.g. blood tests, imaging).

## Additional Notes / Instructions:

Include any further notes or instructions for the specialist.

**Referring Doctor Signature**

**Consultant / Specialist Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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