

GP Referral Form - Referral Details

Please tick whether Public or Private care is requested:	<input type="checkbox"/> Public	<input type="checkbox"/> Private
Specialty / Service:		
Preferred consultant / Healthcare Provider:		
Has the Patient previously attended the Hospital:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Priority (GP):	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine	
Date of referral:		
Patient Details		
Surname:		
First Name:		
Address		
Date of Birth:		
Gender:		
Mobile Number:		
Telephone (day):		
Telephone (evening):		
Hospital Number:		
First Language:		
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair Assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Card Number	_____	
Expiry Date	_____	
Private Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company	_____	
Insurance Plan	_____	
Policy Number	_____	
Next of Kin's Details		
Next of Kin's Name:		
Next of Kin's Mobile Number:		
Next of Kin's Address:		
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: <input type="checkbox"/> Attached <input type="checkbox"/> 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)	<input type="checkbox"/> urgent <input type="checkbox"/> 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: