

## Outpatients GP Referral Form

To make a referral, send this form to the relevant Hospital. Addresses can be found on the UCLH website or in GP Links. **Please note that if any \* starred items are not completed the referral cannot be accepted and will be returned or withheld until the completed information is obtained.**

**NB. Use existing forms, NOT this, for 2 week target cancer referrals, antenatal, gastroscopy or colposcopy referrals**

*Speciality		Consultant (if known)	
<b>PATIENT PERSONAL DETAILS</b>			
*Referral date		*NHS number	*or n/k
Title	*Surname	*Forenames(s)	
*D.O.B	*Male	*Female	Marital status
*Address			
*Postcode			
*Does the patient have a telephone?		Yes	No
*If yes,	Home	Work	
Mobile		State preferred number	
Religion		Allergies	
Overseas status	Yes	No	N/k
UCLH number			
Can the patient accept short notice bookings?		Yes	No
Interpreter required?	Yes	No	If yes, which language?
Special/Mobility needs			
Details of next of kin			
<b>GP/GDP DETAILS</b>			
*REFERRING GP / GDP		*REGISTERED GP PRACTICE (if different)	
*Practitioner name		*Practice name	
*Practice name		*Address	
*Address			
*Postcode		*Postcode	
*Telephone		*Telephone	
*Fax		*Fax	
<b>CLINICAL DETAILS</b>			

\*Comprehensive clinical details and reasons for referral

\*Details of any tests requested or awaited

Medication

**FOR OFFICE USE ONLY**

*Date all correct information received*