

REFERRAL COVERSHEET

CONTOSO MED

Please read the instructions carefully

Please use this coversheet when faxing a new referral, updating an existing (previously sent) referral or providing requested/missing information (e.g. results) to an existing referral. Faxes without a coversheet will be returned unactioned. Please fill this form in on a computer or use clear text.

Type of Referral NEW REFERRAL: <input checked="" type="checkbox"/> UPDATE TO EXISTING: <input type="checkbox"/> PROVIDING REQUESTED/MISSING INFORMATION TO EXISTING REFERRAL: <input type="checkbox"/>	Referred-to Service Name: Example Service
	Location of Service (e.g. Example City): Example City
To/recipient (where applicable include named specialist if known): Some Hospital	Recipient Fax No: 01 234 56789
	Number of pages (excluding coversheet): 2
Patient First Name: John	Patient Last Name: Bloggs
Patient DOB (dd/mm/yyyy): 31/01/2003	Patient Sex: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>
Patient Medical Number: 268108642	Referral ID (if provided, for updates/additional info to previously sent): 987654321
Referrer First Name: Jane	Referrer Last Name: Doe
Referrer Provider Number: 123456789	Referrer Practice Name: A Doctor
Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required: SMS <input checked="" type="checkbox"/> Phone/voicemail <input checked="" type="checkbox"/> Post <input type="checkbox"/> Email <input checked="" type="checkbox"/>	Patient mobile number: 04 5678 910 Patient home number: _____ Patient email: john.doe@example.com

Thank you for your cooperation in ensuring all fields of this document are filled out correctly. Please sign below.

Referrer Signature:



Above-mentioned referrer