

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 type="checkbox"/> UPDATE TO EXISTING: <input type="checkbox"/> PROVIDING REQUESTED/MISSING INFORMATION TO EXISTING REFERRAL: <input type="checkbox"/>	Referred-to Service Name:
	Location of Service (e.g. Example City):
To/recipient (where applicable include named specialist if known):	Recipient Fax No:
	Number of pages (excluding coversheet):
Patient First Name:	Patient Last Name:
Patient DOB (dd/mm/yyyy):	Patient Sex: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>
Patient Medical Number:	Referral ID (if provided, for updates/additional info to previously sent):
Referrer First Name:	Referrer Last Name:
Referrer Provider Number:	Referrer Practice Name:
Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required: SMS <input type="checkbox"/> Phone/voicemail <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/>	Patient mobile number: Patient home number: Patient email:

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

Referrer Signature:

Above-mentioned referrer