

PATIENT RE-REFERRAL REQUEST

Please complete as fully as possible and return to the surgery

We are seeing an increase in the amount of hospital appointments that are being missed by patients. This wastes a huge amount of time and effort. The GP has to dictate a letter then it has to be typed by the secretary and booked on the system. If the GP has gone to the effort of doing a referral and it is missed then it is not a simple task to just re-refer. For that reason you are being asked to explain why you missed the appointment. The GP may then decide to refer you back, or may want to see you first to see if the referral is still needed.

Patient's name

Date of Birth

Address

Contact Telephone Numbers

Reason for original referral

Name of GP making the original referral

Hospital/Clinic

Speciality

Reasons for re-referral?

If due to appointment not being attended, please state why

I confirm that I would like to be re-referred for the above reasons

Name (if on patient's behalf)

Signature

Date



INTERNAL USE: 1. Pass to GP > 2. GP agree re-referral (Yes or No) > 3. If Yes - make re-referral, if No - advise patient of reason(s) > 4. Pass request form to Practice Manager for audit