[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Clinic referral form

Refer a patient to another service - complete, legible, and sent promptly.

Referral details

Patient name: _____

Date of birth: _____

Referring clinician: _____

Date of referral: _____

Referred to: _____

Urgency: _____

Reason for referral [Clinical reason, history and findings]

Relevant history and medication [Summary]

Sign-off

Referring clinician: _____ **Signature:** _____ **Date:** _____