GENERAL PRACTITIONER REFERRAL LETTER

Referring GP Name: _____ Practice Name: _____

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Referring GP Contact Details:

Phone: _____ Fax: _____

Email: _____

Receiving Practitioner / Specialist Details:

Name: _____

Practice Name: _____

Phone: _____

Reason for Referral:

Please provide specialist assessment, diagnosis, treatment, and management advice for the patient. Include any relevant test results or clinical notes attached. Kindly communicate findings and recommendations back to the referring GP for continuity of care.

Relevant Medical History and Current Medications:

Include any chronic illnesses, allergies, previous surgeries, current medications, and any other pertinent clinical information that may assist in the assessment and management of the patient.

Attachments Included:

- Pathology reports
- Imaging results
- Other relevant documents

Urgency of Referral:

Routine ■ Urgent ■ ASAP ■

Referring GP Signature: _____

Date: _____

Referring GP Signature

Signature: _____

Receiving Practitioner Signature

Signature: _____