



## Clinic name

Address · Phone · Licence no.

# Referral letter

Referral no. \_\_\_\_\_ Date \_\_\_\_\_

## To

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_  
Facility \_\_\_\_\_ City \_\_\_\_\_

## From

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_  
Phone or WhatsApp for the reply \_\_\_\_\_ Email \_\_\_\_\_

## Patient

Patient name \_\_\_\_\_ File no. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_ Doctor \_\_\_\_\_

**Urgency**   ☐ Routine   ☐ Soon   ☐ Urgent

## Reason for referral

## Relevant history and findings

## Investigations attached

☐ Lab results                      ☐ Imaging                      ☐ Report  
☐ Photos                              ☐ ECG                              ☐ Other:

Current medications \_\_\_\_\_ Allergies \_\_\_\_\_

## What we are asking

Specific question or requested action \_\_\_\_\_

**After you see the patient**   ☐ Return to us for follow-up   ☐ Keep under your care   ☐ Advice only

Please let us know the outcome on the reply slip on page 2.

Referring doctor's name and signature

Stamp

## Referral reply

Filled in by the receiving doctor and sent back to the referring doctor.

To (referring doctor) ..... Referral no. ....  
Patient name ..... File no. ....  
Seen on ..... Seen by .....

### Findings

.....  
.....  
.....  
Diagnosis .....

### Treatment given or planned

.....  
.....  
.....

### Recommendations to the referring doctor

.....  
.....  
.....

**Follow-up with**   ☐ Referring doctor   ☐ Us   ☐ Both   ☐ Not needed

Follow-up date ..... Phone for questions .....

\_\_\_\_\_  
Doctor's name and signature

\_\_\_\_\_  
Stamp

\_\_\_\_\_  
Date

In Medicolize this document lives on the patient file: [medicolize.com](https://medicolize.com)