

INTERNAL REFERRAL

Before use, please refer to the guidelines on using this template at www.aop.org.uk/internalreferrals

To:

Patient details

Date of appointment:

Date of birth:

Patient name:

I have asked the above patient to return for:

I was unable to do this today because:

Follow-up appointment

An appointment has been made on

An appointment has not been made. The practice should seek to make an appointment within days
If this is not possible, the practice should take whatever steps clinically necessary to manage the patient appropriately

The findings

For details of my findings, please see the patient record.

The GOS1 has been signed and submitted/the private fee has been paid

This procedure should not be charged as it is a referred NHS procedure under GOS/is included in the private fee

The further procedures are private extended services and I have advised the patient of a charge of £

Please manage the patient appropriately, dependent on your findings

Other notes/explanations:

Signed:

Name:

Contact details: