

GENERAL PRACTITIONER REFERRAL LETTER

Referring GP Practice: _____
GP Name: _____
Address: _____
Telephone: _____

Patient Information:

Full Name: _____
Date of Birth: _____
NHS Number: _____
Address: _____
Telephone: _____

Referral Details:

Dear Specialist,

Please find the referral details for the above-named patient. The patient is being referred for further assessment, diagnosis, and treatment.

Clinical Summary:

Reason for Referral:

Relevant Medical History:

Current Medication:

Allergies:

Please contact the referring GP practice if further information is required.

Urgency of Referral:

- Routine
 Urgent
 2 Week Wait

Referring GP Signature

Specialist/Consultant Signature

Signature: _____

Signature: _____

Original source of this document:

<https://legaltemplates-uk.com/gp-referral-letter/>

Did you find this template helpful?

Find more updated templates at:

<https://legaltemplates-uk.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.