

Patient Referral

Please fill in the relevant details below for your referral and post, email or fax it to the Bournemouth Private Clinic at Royal Bournemouth Hospital that you are referring to. If you have any additional patient notes or letters, please enclose with your referral.

The Bournemouth Private Clinic Limited

Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset BH7 7DW

Telephone: 01202 720275 **Fax:** 01202 302541 **Email:** enquiries@bournemouthprivateclinic.co.uk

Patient Referral Form

Type of referral:

Method of referral:

Patient Details

Title:

First name:*

Last name:*

Gender:

Male

Female

Date of birth:

Address:

Postcode:*

Telephone:*

Mobile:

Email:*

Consultant Referral

Speciality:*

Consultant (If known):

Best available consultant:

Physiotherapy Referral

Physiotherapy:

Comments:

Diagnostics Referral

Imaging:

Pathology:

Examination or test required/clinical question to be answered by this examination:

LMP Date (where applicable):

Clinical

Reason for referral/provisional diagnoses (clinical information):

Last/recent consultation(s):

Current medication (please list all medications patient is using):

Known allergies/sensitivities:

Results of relevant investigations/tests:

Other Comments:

Details of Referring GP

Name:*

Address:

Postcode:

Email:*

Date:

GMC Number:*