

GP Referral Letter

[Your Name]

[Your Title/Position]

[Your Medical Practice Name]

[Your Practice Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Date: DD-Month-YYYY]

[Specialist's Name]

[Specialty]

[Specialist's Medical Practice Name]

[Specialist's Practice Address]

[City, State, ZIP Code]

Dear Dr. [Specialist's Last Name],

Re: Referral for [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

NHS Number: [Patient's NHS Number, if applicable]

I am writing to refer my patient, [Patient's Full Name], for your expert opinion and consultation regarding [brief description of the medical concern or reason for referral, including relevant symptoms].

Patient's Medical History:

[Provide a concise summary of the patient's relevant medical history, including previous diagnoses, treatments, and medications.]

Results of Recent Tests/Examinations:

[Include any relevant test results, imaging reports, or lab findings.]

Reason for Referral:

[Elaborate on the specific reason for the referral, detailing any concerns or questions you have and what you hope the specialist can address.]

Urgency:

[Indicate the level of urgency, if applicable.]

I greatly appreciate your expertise in assessing and managing this patient's condition. I believe your input