

# Open referral form



If you're feeling unwell and need to see your GP please take a copy of this form along to your appointment. There are three simple steps that you need to follow:

**1.** If your GP refers you for further assessment or treatment, you'll need to ask for an open referral (i.e. a referral with no named specialist or hospital). Your GP can either complete this form or give you a written referral letter that includes the specialism and sub-specialism required, medical condition or symptoms. The open referral form can be used as a reference if they write an open referral letter.



**2.** After you have been referred please call the customer service helpline number to authorise your consultation. This number can be found in your member documentation. We will select a specialist and hospital appropriate for your needs. In most cases, you'll be given the opportunity to be put straight through to the booking line to make an appointment there and then.



**3.** Following your visit to the specialist, if they decide you need any further consultations, investigations or treatment, please call the customer service helpline so that we can progress your claim.

## Details for you to complete

Name ..... Policy number ..... Date of birth .....

Telephone ..... Address.....

.....

Pre-authorisation number (we will give you this number when you call) .....

## Details for the GP to complete

Name ..... Telephone..... Fax.....

Practice name and address .....

.....

*For completion by GP – or for guidance when writing referral letter*

## Symptoms or condition

Please advise why the patient is being referred, including any symptoms they're suffering from and/or diagnosed condition. Please also include any previous medical history or additional information that you would normally provide when making a referral.

.....

.....

.....

.....

.....

## Speciality

Please specify the speciality and sub-speciality of the consultant the patient needs to see.

.....

.....

I have enclosed further details about the patient's symptoms/condition with this form.

GP Signature .....

Date .....

