

GUIDELINES ON THE USE OF THE PATIENT REFERRAL LETTER

The guidelines reflected below have been developed for the relevant forms to be printed as self-carbonated copies by the Central Provincial Stores which will be available in the near future. In the interim, all institutions are requested to print and utilise these referral letters as of 1/11/2003.

1. Sections 1 and 2 must be completed by the medical officer at the referring institution.
2. The original and two copies (2nd and 3rd) are sent with the patient to the referral institution.
3. The remaining copy (4th) is placed in a referral file at the referring institution and to be used for management information purposes.
4. The medical officer/consultant at the referral institution completes sections 3 and 4 once the patient is ready to be sent back to the referring institution.
5. Section 5 must be completed by the pharmacist at the referral institution.
6. The original page is sent back to the referring institution with the patient and is placed in the patient's file at that institution.
7. The second copy is placed in the patient's file at the referral institution.
8. The third copy is sent to the Pharmacy at the referral institution along with a prescription for any medicine required. (The medicines for the first month's treatment is dispensed and given to the patient)
9. The third copy is faxed to the pharmacy at the referring institution so that any medicines not normally kept by that institution can be ordered in good time for the patient's return for repeat medicine.

NB: the referral letter is not a prescription and therefore, to comply with legal requirements, the patient must also be issued with a separate, original prescription. This must be presented to the pharmacy at the referral institution for the dispensing of the first month's supply of medicines. All medicines (even PHC items) must be dispensed.

When the patient returns to the referring institution, a new prescription must be written and kept in the patients file so that monthly repeats can be dispensed at the pharmacy at that institution.



1. Patient Details									
Surname					Address				
First Names									
I.D. Number									
Age			Gender		M		F		
Facility where patient normally goes for medical care					Hospital		CHC		Clinic
2. Referring Institution Details									
Institution									
Telephone Number					District	Regional	Tertiary	CHC	PHC
Fax Number					Patient Number				
2.1 Referring Practitioner Details (please print)									
Name					Department				
Date					Signature				
2.2 Reason for Referral									
2.3 Current Management (attach details if necessary)									
3. Referral Institution Details									
Institution									
Telephone Number					District	Regional	Tertiary	Other	
Fax Number					Patient Number				
3.1 Referral Practitioner Details (please print)									
Name					Department				
Date					Signature				
3.2 Investigations & Treatments (attach details if necessary)									
3.3 Diagnosis									
4. Practitioner's Report from the Referral Institution									
Patient to be seen again at referral institution				YES	NO	Date of next visit			
4.1 Patient Requires the following medication									
Detail the item			Strength		Directions		Quantity		Duration
1.									
2.									
3.									
4.									
5.									
4.2 Details of ongoing management / other therapy required									
5. Has Pharmacy at Referring Institution been advised?								YES	NO



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Institution									
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