

## REFERRAL HEADER SHEET

Referrer's Details			
Name of Referrer:	Referring User: <input style="width: 50px;" type="text"/>	Address:	Organisation Name Organisation Full Address (stacked)
Tel No:	Organisation Telephone Number		
Date of Referral:	Short date letter merged		

Patient's Details			
Name:	Full Name	Address:	Home Full Address (stacked) Home Address Postcode
Gender:	Gender		
DOB & Age:	Date of Birth    Age		
NHS Number:	NHS Number	Tel No:	Patient Home Telephone

### Risk to Others

### Medical History

**Note to Referrer:** Extraneous/sensitive information **MUST BE DELETED** from the medical history below).

Problems  
Medication  
Allergies

### Values

Blood Pressure

### Social Context

Alcohol Consumption  
Smoking

### Non therapeutic Drug Use Information

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) **(NB: NOT TO BE USED FOR REFERRING A PATIENT)** (Referral Header Sheet V4b EMIS Web August 2016)