

GP to specialist referral form 2023

(Excluding KeyCare)



Contact us

Tel 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za, 1 Discovery Place, Sandton, 2196.

Purpose of the form

To refer a patient to a specialist for a specialist consultation.

What you must do

Complete all relevant sections and physically sign the form. The main applicant must sign and date any changes.

If this referral is for outpatient specialist consultation, please tick this box.

If this referral is for emergency or urgent specialist inpatient management, please tick this box.

Referring GP name	<input type="text"/>	Practice number	<input type="text"/>
Patient name	<input type="text"/>	Membership number	<input type="text"/>
Date of consult	<input type="text"/>		
Specialist Name	<input type="text"/>	Specialist discipline	<input type="text"/>
ICD-10 codes	<input type="checkbox"/> Confirmed <input type="checkbox"/> Differential		

Primary ICD-10 codes	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>	5. <input type="text"/>
Secondary ICD-10 codes	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>	5. <input type="text"/>

Clinical history necessitating referral:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Duration of present ailment:

Relevant clinical findings:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Vitals signs (readings)

BP	<input type="text"/>	Random Blood Glucose (HGT)	<input type="text"/>	SpO2	<input type="text"/>
HR	<input type="text"/>	Respiratory rate	<input type="text"/>	Temperature	<input type="text"/>

Supporting outpatient results (only those investigations relevant to clinical diagnosis):

Chest X-Ray	<input type="text"/>
CURB-65 Score	<input type="text"/> /5

Abdominal X-Ray/Abdominal Ultrasound Scan

FBC ESR/CRP U&E Creatinine

Urinalysis Protein RBC WBC Ketones

ECG Normal Probable ACS Pregnancy test Negative Positive

Chronic conditions (if any):

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> AMI/Unstable Angina | <input type="checkbox"/> TB | <input type="checkbox"/> Peptic ulcer disease | <input type="checkbox"/> COPD |
| <input type="checkbox"/> DVT/PE | <input type="checkbox"/> Chronic renal Failure | <input type="checkbox"/> CVA/TIA | <input type="checkbox"/> Congestive cardiac failure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Autoimmune disorder | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Oncology patient | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hyperlipidaemia |
| <input type="checkbox"/> Transplant patient | <input type="checkbox"/> Hypo/Hyperthyroidism | <input type="checkbox"/> Chronic liver failure | <input type="checkbox"/> Dysrhythmia | |
| <input type="checkbox"/> Other | | | | |

Current management:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature

Date