

## Referral Card

Referrals from one Medical Office or practice to another should explain the reason for the transfer and list certain patient details which the new Medical Office or practice may find useful. A referral card should therefore include the following information:

- The patient's surname and name
- Date of visit
- Reason for visit
- Reason for referral
- Name of medical practice or medical practitioner referred to.

Diagram 2G illustrates a *Referral Card*.

### Review

- By managing a Medical Office efficiently, the Medical Office and Health manager must learn how to register patients, file their details correctly or refer them if necessary.
- A register of patients usually includes completing an Appointment Card, Patient Particular's Forms, and a Letter of Absence - if requested.
- The Medical Office and Health manager must ensure that medical practitioners are supplied with the appropriate medical forms, namely the Patient Diagnosis Form and the Medical Consent Form.
- A set appointment procedure which is known by the Medical Office and Health manager is important to avoid patient and medical practitioner confusion.
- Setting the next appointment clearly and informing the patient of this appointment is crucial to ensure that a follow-up is maintained.



**END OF UNIT:** Congratulations on reaching the end of Unit 2. You will find all the Diagram's mentioned in the unit after this page. Now move on and complete the question paper relating to this unit. Unit 3, describes basic bookkeeping skills for the Medical Office and Health Manager.

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**APPOINTMENT FORM**

**Name:** Fred Bloggs

**Birth:** 20 January 1952

**Sex:** Male

**Folder number:** BF0196

Clinic	Appointment Time	Date	Day of Attendance	Doctor/Nurse to see
London	11 am	23/05/2001	Thursday	Dr W. Tyson
London	2.30pm	30/05/2001	Thursday	Dr L February
London	10am	5/06/2001	Wednesday	Dr L February

*Note that the above details (Name, birth, sex and folder number) can be included on a small card like the shaded area above for patients to take home and carry on themselves.*

**PATIENT PERSONAL DETAILS FORM**

**Surname:** Bloggs

**First Name:** Fred

**Home Language:** English

**Date of Birth:** 20 January 1952

**Sex:** Male

**Permanent Residential Address:** 3 Any Street, Any Town, Any  
Where, AW3 3WA

**Telephone Number:** 01234 567890

**Occupation:** Computer Operator

F Bloggs

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**Patient Signature**

**PATIENT MEDICAL DETAILS FORM**

**PERSONAL DETAILS**

Full Name:

Date of Birth:

Folder Number:

Sex:

Date of Visit:

Time of Visit:

Date of Last Visit:

**MEDICAL HISTORY**

Temperature:

Weight:

Diagnosis:

Treatment:

**Follow-up**

Next Appointment:

Medical Practitioner:

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Medical Practitioner's Signature

**LETTER OF ABSENCE**

**To Whom It May Concern**

London Medical Practice  
London

**Date:** 30 May 2001, 2.30pm

This is to certify that Fred Bloggs attended here today.

They are to attend again on the 5 June 2001 at 10am

If there are any queries please contact the Medical Office and Health Manager by phoning 01234 567890. Office hours – 6am – 8pm daily.

Name of Medical Office and Health Manager: Dawn

Dawn

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Medical Office Manager



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Official Office Stamp