

# THE HIQA MINIMUM DATA SET FOR OUTPATIENT REFERRALS

January 2014

**Guidance**

**003**

| National standardised patient referral template               |  |
|---|--|
| Referral details  |  |
| Hospital:   |  |
| Specialty/Service:  |  |
| Preferred consultant/healthcare practitioner:                 |  |
| Has the patient previously attended the hospital              | <input type="checkbox"/> yes                                     |
| Priority (GP):  | <input type="checkbox"/> urgent <input type="checkbox"/> routine |
| Date of referral:   |  |
| Patient details   |  |
| Surname:  |  |
| First name:   |  |
| Address:  |  |
|   |  |
|   |  |
| Date of birth:  |  |
| Gender:   |  |
| Next of Kin:  |  |
| Mobile number:  |  |
| Telephone (day):  |  |
| Telephone (evening):  |  |
| Hospital number:  |  |
| First language:   |  |
| Interpreter required:   | <input type="checkbox"/> yes <input type="checkbox"/> no         |
| Wheelchair Assistance:  | <input type="checkbox"/> yes <input type="checkbox"/> no         |
| Referrer details  |  |
| Name:   |  |
| Address:  |  |
|   |  |
|   |  |
| Telephone:  |  |
| Fax:  |  |
| Mobile:   |  |
| Signature of referrer:  |  |
| Medical Council registration number:                          |  |
| Patient's usual GP (if different from Referrer details above) |  |
| Name:   |  |
| Address:  |  |

| Clinical information   |  |                            |  |
|--|--|----------------------------|--|
| Reason for referral/Anticipated outcome:   |  |                            |  |
|  |  |                            |  |
| Symptoms (including history of presenting complaints and interventions to date):                         |  |                            |  |
|  |  |                            |  |
|  |  |                            |  |
| Examination findings:  |  |                            |  |
|  |  |                            |  |
|  |  |                            |  |
| Relevant tests/investigations: <input type="checkbox"/> attached <input type="checkbox"/> not applicable |  |                            |  |
|  |  |                            |  |
| Past medical history:  |  |                            |  |
|  |  |                            |  |
|  |  |                            |  |
| Current medication:  |  |                            |  |
|  |  |                            |  |
|  |  |                            |  |
| Allergies/Adverse medication events  |  |                            |  |
|  |  |                            |  |
| Relevant Family history:   |  |                            |  |
|  |  |                            |  |
| Relevant Social history:   |  |                            |  |
|  |  |                            |  |
| Additional Relevant information ( including special needs, disabilities, clinical warnings):             |  |                            |  |
|  |  |                            |  |
|  |  |                            |  |
| For hospital use (referral management and outcome)   |  |                            |  |
| Date referral received:  |  | Triage outcome (priority): | <input type="checkbox"/> urgent <input type="checkbox"/> soon <input type="checkbox"/> routine |
| Date sent for triage:  |  | Date of new attendance:    |  |
| Date returned from triage:   |  | Consultant clinic:         |  |
| Patient's name:  |  |                            |  |
| Patient's date of birth:   |  |                            |  |
| Referring GP's name:   |  |                            |  |