Referral form

BMI Healthcare

THE CONSULTANTS' CHOICE

Referring to: Dr. John White
Orthopaedic Clinic

Date of referral

BMI hospital: The Hendon Hospital

Patient details

Surname	Forename	Title
Previous surname	DOB	Age
NHS No	Gender M / F	
Address	Tel no home Tel no work Tel no mobile Overseas or temporary visitor Y / N	
Interpreter required Y / N	Any disability Y / N	
If so, state language	If so, please specify	
Ethnic group	Is transport clinically necessary Y / N	
Religion	*All requests for transport will be re-assessed at the time of booking and may be declined according to DoH guidelines*	

Practice details

Practice address	Referring GP
	National GP code
	Tel no
Practice code	Fax no

Clinical information

Reason for referral/diagnosis
Please include relevant history, current symptoms and results of any tests

Current medication

Allergies

Referral Forms can also be found at www.bmihealthcare.co.uk/chooseandbook

Please fax the BMI Referral Management Centre on 0844 241 2725 or email bmi@nhs.net
Phone 0844 241 2724 if you have any queries.

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