

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:			