NHS

Urgent Care 24

Hospital Referral Form

Unit 3-4 Wavertree Business Village
Tapton Way
Liverpool
L13 1DA
Tel: -0151 254 2553 Administration Line
Tel: -0151 220 3685 Patient Access
Fax: -0151 230 5555

Hospital _____

Patient	**Patient Name:** **D.O.B:** **M/F:** **Address:**
GP	**GP Name:** **GP Practice:**
Past Medical History	
Current Problem	
Allergies / medications	**Allergies:** **Medications:**
Examination	**BP:** **Temperature:**
Query Diagnosis:	
Associate GP	**Signature:** **Date:**
PRIORITY	**Please indicate:** **URGENT - EMERGENCY**