Referral letters

3A(2)

You should provide a sample of 10 consecutive referral letters or a random sample of 10 referral letters and show, by ticking the appropriate boxes below, which criteria are met. All of the criteria should be met in at least 50% of letters. Copies of the anonymised letters should be attached to this form to support your analysis.

Letter	Date	Patient Administrative Details	Reasons for Referral	Drugs prescribed	Relevant past medical history noted	Relevant examinations recorded	Relevant psychosocial details recorded
1	✓	✓	Only symptoms given	✓	✓	✓	Not done
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	Omitted	✓	✓
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	Omitted	Not done
6	✓	✓	Only symptoms given	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	N/A	N/A	Omitted	Not done
10	✓	✓	✓	N/A	N/A	N/A	N/A

Signed .... Date ....12/07/03..........

Name ....
David Adams

Learning points or discussion points identified:

I tend to keep my referral letters to the end of the week before writing them. On one occasion I was aware that I had not included RELEVANT psychosocial details because I had forgotten the exact details. There seems to be a variety of opinions in our practice as to what is best/most efficient, but I think in future I will try to dictate all referrals each day.

I tend not to include negative examination findings and on reviewing these referrals from the point of view of the receiving doctor I would have liked to have been aware of ALL the examination findings.

If appropriate, any changes proposed to referral behaviour:

On discussion with the partners I noted that a referral to ophthalmology could have been improved if I was clearer in my own mind as to the cause of "floaters". I will review some basic ophthalmology as part of next year's learning plan.

Signed.. Date....12/07/03......

Name............David Adams......................................