

INTERNATIONAL PATIENT REFERRAL FORM – PLEASE COMPLETE BOTH PAGES AND BRING A COPY TO YOUR FIRST APPOINTMENT

To confirm a referral to Dr Mark Vanderpump please download, complete and scan this document before emailing it to drvanderpump@kmsprofessionals.co.uk or faxing it via 01622 620921

ABOUT THE PATIENT

Title:	First name:	Last name:	
		Male or female?	Nationality
Date of birth:	Email address:		
Home Address:		London Address if known	
		In London from (date)	
Contact telephone number:	Please tick: is this number your: Home/Work/Mobile/Other (explain)		
Other unique identifier e.g. Passport Number			
Accompanied by (please tick) Mother/Father/Child/Other		Name of companion:	
<input type="checkbox"/> Unaccompanied			

PAYMENT DETAILS:

Please circle: Patient/Family/Company/Adviser/Embassy Sponsor/Other sponsor If applicable insurer name and membership number:	Name of Embassy/Sponsor/Advisor
--	---------------------------------

SPECIAL REQUESTS

<input type="checkbox"/> Interpreter Which language?	<input type="checkbox"/> Assistance with access	<input type="checkbox"/> Accommodation advice	<input type="checkbox"/> Advice on flights
Visa to be arranged (please tick) Yes by office of Dr Mark Vanderpump Yes by self Not applicable Other		Any other requests:	

ABOUT THE REFERRAL SOURCE

Referral advisor name:	
Referral Advisor code:	Date of referral
Referral Advisor contact details: Telephone: Fax: E-mail:	<input type="checkbox"/> Confirmation of deposit: Amount £ Quote given £

ABOUT THE TREATMENT SOUGHT

Reason for referral: <input type="checkbox"/> Second opinion <input type="checkbox"/> Appointment with doctor <input type="checkbox"/> Other <input type="checkbox"/> Admission to hospital	Main complaint/diagnosis/specialty sought: <input type="checkbox"/> Medical report provided: No of pages..... <input type="checkbox"/> Medical report to follow <input type="checkbox"/> X-rays provided <input type="checkbox"/> X-rays to follow
--	---

I understand that the purpose of recording and transmitting this information is:

- To support the referral request for treatment by Dr Mark Vanderpump
- To provide the requested healthcare services including appointments, arranging travel, visas and accommodation if the application is approved
- To release medical record information about the patient for the purpose of facilitating treatment.
- I understand I can withdraw consent at any time by contacting the office of Dr Mark Vanderpump

Completed by (print):	Date:
Received by:	Date:
Actioned/response by:	Date:
Actions taken (e.g. visa arranged, hotel booked etc):	
Follow up action required:	
Follow up action by:	Date: