



Queen Square Private Consulting Rooms  
23 Queen Square  
London  
WC1N 3BG

# QUEEN SQUARE

PRIVATE HEALTHCARE

020 3448 8948 📞  
020 3448 8994 📠  
www.qsprivatehealthcare.com 🌐

## Consultation Referral Form

Please complete this form with all known details and return by email to [referrals@qsprivatehealthcare.com](mailto:referrals@qsprivatehealthcare.com)

### Patient Details

Surname: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Forename: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_  
Funding: Is the patient? \_\_\_\_\_ Insured \_\_\_\_\_  
Insurance Details (If applicable) \_\_\_\_\_  
Medical Insurer Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

### Referrer's Details

Practitioner Name: \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Referral Details

Specialty Required: \_\_\_\_\_ Preferred Date/Time: \_\_\_\_\_  
Preferred Consultant(s) If known: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

(Please include supporting documents as necessary)

Referring Clinician:

Signature: \_\_\_\_\_

Date: / / \_\_\_\_\_