



Spire

Gatwick Park Hospital

Out-patient referral form

I wish to refer the following patient for: (please mark with X)

Consultation ☐ X-ray/scan ☐ Physiotherapy ☐ Pathology ☐ Endoscopy ☐

Patient details

Patient name:

Address:

Postcode:

Date of birth:

Telephone: (day)

(evening)

Is the patient insured? Yes ☐ No ☐

GP details

GP name:

Practice address:

Postcode:

GP signature if you
are faxing this form:

Date:

Referral details to be completed by GP

Please specify specialty and consultant (if applicable):

*If consultant is not known, the hospital will book patient for
the next available appointment with an appropriate consultant.*

Relevant clinical information:

**Please fax this form to Spire Gatwick Park Hospital on 01293 823 944
or email the form to SPIRE.Gatwickpark@nhs.net (secure email)**

If you have any queries please call the out-patient appointments team 01293 778 919

Spire Gatwick Park Hospital, Povey Cross Road, Horley, Surrey, RH6 0BB