



**Spire**

Alexandra Hospital

## Out-patient referral form

I wish to refer the following patient for:

Consultation     Physiotherapy     Pathology

### 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, we will book the patient for the next available appointment with an appropriate consultant.*

Relevant clinical information

**Please fax this form to Spire Alexandra Hospital on 01634 662 817**

If you have any queries please call the out-patient appointments team on 01634 622 845  
Spire Alexandra Hospital, Impton Lane, Walderslade, Chatham, Kent, ME5 9PG