



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

Title: Patient Name:

Address:

Postcode: Date of birth:

Email:

Telephone: Mobile:

Consent to leave a message on either? Yes No

Is this patient: Insured Self-funding NHS

NHS number:

GP details

Referring GP name: Registered GP:

Practice address:

Postcode:

GP signature: Date:

Referral details to be completed by GP

Please specify specialty and consultant (if applicable):

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

Relevant clinical information:

Please email this form securely to spire.gatwickpark@nhs.net (for private patients) or to Spire.nhsteamgpk@nhs.net (for NHS patients)

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

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

Looking after you.