



Spire

Alexandra Hospital

Out-patient referral form

I wish to refer the following patient for:

Consultation

Physiotherapy

Pathology

Patient Name:

Address:

Postcode:

Date of Birth:

Telephone: (day)

(Evening)

Is the patient insured?

Yes

No

GP Name:

Practice Address

Postcode

GP Signature

Date

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 email this form to alex.appointments@spirehealthcare.com

If you have any queries please call the outpatient appointments team on 01634 662822/662845

Spire Alexandra Hospital, Impton Lane, Walderslade, Chatham Kent ME5 9PG