

Cough Clinic Referral Form

Send your referral to the Appointments team on **f:** 020 7259 9218 or **e:** listergpliaison@hcahealthcare.co.uk

PATIENT DETAILS	
TITLE SURNAME	GENDER (PLEASE TICK) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FORENAME	DATE OF BIRTH
ADDRESS	
	POSTCODE
EMAIL ADDRESS	TEL NO
IS THE PATIENT INSURED <input type="checkbox"/> SELF PAY <input type="checkbox"/> X NUMBER IF KNOWN	
INSURER'S NAME	
MEMBERSHIP / POLICY NO	(PRE) AUTHORISATION NO
REFERRER'S DETAILS	FOR ADDRESS STAMP
REFERRER'S ADDRESS	
POSTCODE	
*EMAIL ADDRESS	
*TEL NO	
*PLEASE ENTER IF YOU WOULD LIKE EARLY FEEDBACK	
FAX NO	
REFERRAL DETAILS	
CURRENT SYMPTOMS / RELEVANT HX	
THIS IS A MULTIDISCIPLINARY CLINIC CONSISTING OF RESPIRATORY / ENT / GASTRO SPECIALISTS	
PLEASE TICK IF YOU HAVE PREFERRED INITIAL CONSULT SPECIALITY	
A) CHEST <input type="checkbox"/> B) ENT <input type="checkbox"/> C) GASTRO <input type="checkbox"/> D) NO PREFERENCE <input type="checkbox"/>	

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.

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