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| **Acceptance or non-acceptance of referral** | **<Name of outpatient clinic>**  <Address of clinic>  <Phone, fax and email of clinic> |

<Date>

Acceptance or non-acceptance of non-urgent referral **SAMPLE TEMPLATE**

<Referrer name>

<Referrer address>

<Referrer email>

Dear <referrer name>

I am contacting you to advise that we received your completed referral form on <date referral received> for your patient:

**<Patient name>**  
<Patient address>  
<Patient name> has been placed on the <clinical genomics service name> appointment list.

OR

Unfortunately, we are unable to provide <Patient name> with the care required at <clinical genomics service name> due to <reason why referral deemed not appropriate/not accepted>. It is recommended that <recommended alternative care to be provided>.

The <clinical genomics service name> team has reviewed the referral and the approximate time to an appointment is <genetic clinical prioritisation timeframe i.e. within 30 days, within 90 days or within 365 days> from the date they were placed on the appointment list, as noted above.

When the patient is booked for the appointment, they will be advised by <preferred contact method> of the proposed date and given further information to help prepare.

In order to prepare for this appointment, we ask the patient to complete the attached family and medical history questionnaire and return by email to <email address>, by fax to <fax number>, or by return post. The patient may be contacted by <genetic service name> for further information related to this questionnaire.

Patients may also wish to seek an appointment through private specialist rooms. There is the possibility of an out of pocket cost for the consultation at the private rooms, please contact the private rooms to identify if this is a viable option for your patient.

The patient is advised to notify their GP if their condition changes, to undergo a clinical review.The patient is to also notify <clinical genomics service name> if they are/become pregnant, if there is a change in their contact details or if the appointment is no longer required.

If you have any queries about the <clinical genomics service name> appointment list or booking procedures, please contact <position name and contact number>.

Yours sincerely

<Signature block>

Cc: <Patient name>, <Patient address>, <Patient email>