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| **Patient appointment list audit** | **<Name of outpatient clinic>**  <Address of clinic>  <Phone, fax and email of clinic> |

<Date>

Patient audit letter **SAMPLE TEMPLATE**

<Referrer name>

<Referrer address>

<Referrer email>

Dear <Patient name>

<Clinical genomics service name> are continually updating our appointment lists so they remain accurate, complete and ensure your timely access to our service.

To enable us to keep our appointment list accurate we would ask you to complete the section below and return it in the envelope provided **within 10 days.**

We acknowledge that you may have previously received and replied to this request, and apologise for any inconvenience caused, however it is important that this information is obtained regularly, reviewed and our records updated.

If your condition has changed please notify your GP. Changes in your condition or general health may have implications for the timing of your appointment.

If you do not confirm that you wish to remain on the list within 10 working days of receiving this letter, one other attempt will be made to contact you. If there is still no response your name, in consultation with your doctor may be removed from the <clinical genomics service name> appointment list.

Please tick one of the boxes below:

 I still require my appointment and I am ready at this time.

 I wish to be taken off the appointment list as I have had my appointment elsewhere.

 I wish to be taken off the appointment list, as I no longer require the appointment.

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

Thank you for taking the time to complete this form. Could you please sign this form and return it in the envelope provided within 10 working days.

Patient/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Yours sincerely

<Signature block>