



**CLINICAL INFORMATION**

(use extra sheet if necessary)

**History of presenting complaint / examination findings / investigation results**

**Reason for referral** (including expectation of referral outcome)

**Past medical history** (computer generated from problem lists, where possible)

**Current and recent medication** (computer generated and free text)

**Clinical warnings** (e.g. allergies, blood-borne, viruses)

Smoking status

No. per day

Alcohol consumption

Units per week

**Additional relevant information** (including patient's issues, social circumstances, and special needs)

**Signature** of referring doctor (or other professional)

**Date**