

# Gastroenterology Specialist Consultation Referral Letter

## Referring Doctor:

Name: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Patient Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_

Medical Record No.: \_\_\_\_\_

Phone: \_\_\_\_\_

## Diagnosis/Suspected Condition

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## Reason for Referral

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## Relevant Medical History

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## Current Medications & Allergies

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## Relevant Findings/Investigations (labs, imaging, etc.)

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## Special Notes/Instructions

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Referring Doctor's Signature:

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