

Date:

Full name:

Date of birth:

NHS number:

Address:

Preferred telephone number:

GP Surgery: *Saundersfoot Surgery, Westfield Road, Saundersfoot SA69 9JW*

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Specialist's name:

Hospital specialty:

Hospital name and address:

Dear Consultant,

I have been referred to your team for the assessment of:

Write your original problem here

I am awaiting an appointment, but I would like to report the following change in my condition since the referral:

Explain briefly what has changed

I would like to request that you take the following action:

- Pass the original referral letter and this letter to a clinician to determine whether my assessment may be expedited
- Contact me directly to inform me of the outcome of that decision, and the likely wait for an appointment
- File this letter, and document your decision, in my hospital medical record.

Yours faithfully

Your name