

**Inter-Provider Administrative Data Transfer (also for Internal Referrals)**  
**This excludes where existing Tertiary Pro-forma exists.**

**Please complete all relevant fields**

Referring Organisation Code: <b>RM100</b>		Referring Specialty Code:	
Referring Clinician:		Referring Clinician GMC Code:	
Contact Name:		Contact Tel. No:	
		Contact e-mail:	
<b>Patient Information</b>			
Hospital No:		NHS No:	
Surname:		Forename(s)	
DOB:		Title:	
Sex:      Male <input type="checkbox"/> Female <input type="checkbox"/>		Lead Contact:      Patient <input type="checkbox"/> Other <input type="checkbox"/>	
BMI:		If Other, Name: & Relationship:	
Address & Postcode:		Contact Home Tel:	
		Contact Work Tel:	
		Contact Mobile:	
		Contact e-mail:	
<b>Registered GP Information</b>			
Registered GP Name:		GP Practice Code:	
Registered GP Tel. No:			
<b>Referral Information</b>			
<b>Is this patient on an 18 week pathway (on-going 18 week pathway at the point of requesting a transfer of care)?</b>			
<b>YES</b>		<b>Answer</b>	
Latest RTT Code 21 or 20:			
Latest Clock start date:			
Date of decision to refer:			
Unique Pathway Identifier if appropriate:			
Pathway Identifier allocated by organisation:			
Is this referral for: A diagnostic test only? or Opinion only (with no view for treatment)?		<input type="checkbox"/>	
Reason for referral:		<input type="checkbox"/> <b>Urgent</b> <input type="checkbox"/> <b>Routine</b> <input type="checkbox"/>	
<b>NO</b>		<b>Answer</b>	
Latest RTT Code 3 or 9:			
Date patient was treated:			
Date of decision to refer:			
Is this referral for: A diagnostic test only? or Opinion only (with no view for treatment)?		<input type="checkbox"/>	
Reason for referral:		<input type="checkbox"/>	
<b>Receiving Organisation details:</b>			
Receiving Organisation Name:			
Receiving Organisation Code:			
Receiving Clinician (optional):			
Receiving Specialty Code:		Date data transfer sent:	
<b>For Receiving Organisation</b>		Date Received:	