

Patient Referral for Chronic Disease Management

Referring Physician: Dr. John Smith

Date: [Insert Date]

To: [Specialist's Name]

Clinic: [Specialist's Clinic Name]

Address: [Specialist's Address]

Patient Information

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Gender: [Patient's Gender]

Contact Number: [Patient's Contact Number]

Referral Reason

I am referring [Patient's Name] for evaluation and management of [specific chronic disease, e.g., diabetes, hypertension]. The patient has a history of the following conditions:

- [Condition 1]
- [Condition 2]
- [Condition 3]

Relevant Medical History

[Brief overview of the patient's medical history, medications, and previous treatments.]

Goals for Referral

We would like your expert opinion on further management options and any necessary adjustments to the current treatment plan. Additionally, please provide recommendations for ongoing care.

Attached Documentation

Please find attached the patient's recent lab results, medication list, and progress notes.

Thank you for your attention to this referral.

Sincerely,

Dr. John Smith

[Medical Practice Name]

[Contact Information]