Universal Healthcare Provider Network, a division of Universal Care
Universal House, 15 Tambach Road, Sunninghill Park, Sandton 2191
P O Box 1411, Rivonia 2128
Tel: +27 11 208 1100 / www.universal.co.za

UNIVERSAL NETWORK SPECIALIST REFERRAL FORM

1. MEMBER DETAILS:

Surname: | First name/s: | Initials:

Member ID no./ Passport no:

Cellphone number: | Alternative number:

Medical Scheme: | Membership number:

E-mail address:

2. PATIENT DETAILS:

Surname: | First name/s: | Initials:

Date of birth: (D D M M Y Y Y Y) | Cellphone number:

E-mail address: | Alternative number:

3. REFERING GENERAL PRACTITIONER:

Doctor's name: | Practice number:

Treatment date: (D D M M Y Y Y Y) | Primary ICD-10 code: | Secondary ICD-10 code:

Practice contact details:

4. SPECIALIST REFERRED TO:

Doctor's name: | Practice number:

Appointment date: (D D M M Y Y Y Y) | Authorisation number:

5. INDICATE DESIRED INPUT FROM SPECIALIST:

Make a diagnosis: | Perform a procedure: | Suggest a treatment: | Consider an admission:

6. DETAILED REASON FOR REFERRAL:

Height (cm): ☐ Weight (kg): ☐ BMI: ☐ Pregnant: Yes ☐ No ☐ Smoker: Yes ☐ No ☐

Current chronic conditions:
Medical history:
Motivation for referral (including current treatment plan):

6. ATTACH RELEVANT DOCUMENTATION FOR:

X-rays: ☐ Sonars: ☐ Pathology Results: ☐ Scans: ☐

NB	1. Members must contact 011 208 1100 for prior authorisation before visiting the specialist.
	2. Members are to ensure that the referral form from the General Practitioner is handed to the specialist on the day of the visit, along with authorisation number.
	3. The authorisation number must appear on the specialist's account.
	4. Accounts are to be submitted to the Medical Scheme.
	5. No authorisation will be processed without submission of the fully completed Universal Specialist Referral Form.