	DOCUMENT NAME	DOCUMENT NUMBER
	ACCURATE REFERRAL DOCUMENTATION	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

To ensure compliance with **Criterion 2.1.2.2.1 – "Copies of referral documents are available at the practice making the referral"**, your practice must maintain **complete and accurate referral documentation** in each user's health record. The documents should be either **manual or electronic** and kept for all users referred **within the past three months**.

✅ Minimum Requirements for Each Referral Document:

Each referral letter or form must include the following five elements:

1. **Name of the User**
2. **Name of the Referring Practice or Health Care Provider**
3. **Name of the Receiving Health Establishment or Provider**
4. **Reason for Referral**
5. **Summary of Clinical Details**
    - Presenting complaint(s)
    - Examination findings
    - Investigations conducted
    - Diagnosis or provisional diagnosis
    - Treatment provided

📄 Sample Template – Referral Letter (for Manual or Digital Use)

📍 **[Practice Letterhead]**
Referral Letter

Date: [Insert Date]

To: [Receiving Facility / Health Care Provider]

Re: [Patient Full Name]
DOB: [Date of Birth]
File No.: [Patient File Number]

Referring Health Care Provider: [Insert Name]
Practice Name: [Insert Referring Practice Name]

Reason for Referral:
[Brief reason – e.g. suspected appendicitis, abnormal ECG findings, need for specialist evaluation, etc.]

Summary of Clinical Details:

- **Presenting Complaint(s):** [E.g., chest pain, shortness of breath]
- **Examination Findings:** [E.g., tachycardia, elevated BP]
- **Investigations Conducted:** [E.g., ECG, blood tests]
- **Diagnosis/Provisional Diagnosis:** [E.g., unstable angina]
- **Treatment Provided:** [E.g., oxygen, aspirin, IV fluids]

Thank you for your attention to this referral.

Sincerely,

[Signature & Name of Referring Provider]
[Designation]
[Contact Number]

📁 **What You Need to Do Now:**

- Use or adapt the sample template above.
- Store at least **three referral letters from the last three months** for audit review.
- Ensure each letter contains **all five mandatory elements** listed.
- File the letter in the **user's health record** (manually or electronically).

Receipt Acknowledgement for this SOP

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I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE