|  |
| --- |
| UR and barcode |

****Date

Mr P Patient

00 Primary Street

Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

You are on a **waiting list** for the **[clinic] clinic**. You were referred on [date] by [referrer].

We need to check we have the correct information.

Please tick

Do you **still need an appointment** for this clinic?

|  |  |
| --- | --- |
| **Yes** Please keep me on the waiting list |  |
| **No** Why? For example: seen elsewhere, problem resolved, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Are our records correct?

|  |  |  |
| --- | --- | --- |
|  | **Our records** | **Your current details (if different from our records)** |
| Address |  |  |
| Home phone  |  |  |
| Mobile phone |  |  |
| GP name |  |  |
| GP address |  |  |
| GP phone number |  |  |

Please let us know your preferred method of communication with you.

Please return this form within 2 weeks. There is a **Reply Paid envelope** with this letter. We look forward to hearing from you.

Yours sincerely,

Manager

Specialist Clinics