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| Referral Document Survey: Effectiveness *(boxes will expand as you type)* |
| Specialty to be studied, if any: |  |
| Letter | **Date** | **Reasons for Referral** | **Information that SHOULD have been included in an effective referral\*** | **What additional information might have allowed the patient journey to be shortened or otherwise improved?** (Consider history, examination findings, or investigation details.) | **What, if anything, would you change if you referred this patient again?** | **Was your reason for referring addressed? If not, would altering your referral document have improved this outcome?** |
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| Learning points: |  |
| Proposed changes: |  |
| Signed: |  |
| Dated: |  |