The Referral Letter

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Summary

The value of the pre-structured referral letter above the ordinary note to the consultant is explained. Aspects emphasized are: the time-saving element, improved interdisciplinary communication, the enforced pattern of orderly thinking and the possibility of new insight when considering the problems systematically according to the structured form.

KEYWORDS: Referral Letter; Physician, Family, Consultants.

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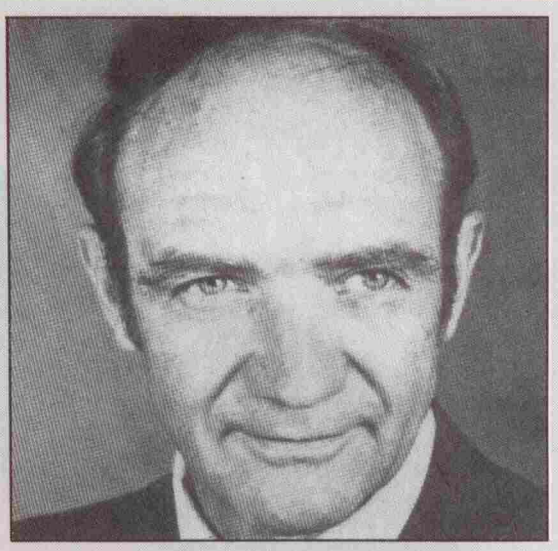

Curriculum Vitae

Andries van den Berg, Professor en Hoof-Huisarts aan die Universiteit van Pretoria en HF Verwoerd-hospitaal sedert Januarie 1977. Hy behaal MB ChB aan die Universiteit van Pretoria in 1952. Na internskap aan die HF Verwoerd-hospitaal, doen hy in drie verskillende tipes praktyke ondervinding op voordat hy in Springs by 'n groot vennootskapspraktyk aansluit. Hier bemoei hy hom aktief met die Mediese Vereniging van SA, woon dikwels opknappings-kursusse en kongresse by, en word 'n medestigterslid van die Kollege van Algemene Praktisyns van SA. In 1972 behaal hy die graad M Prax Med aan UP. Hy is 'n stigterslid van die Akademie vir Huisartspraktyk/Primêresorg, en is ook lid van die Raad daarvan. Tans is hy President van die Noord-Transvaal Tak van die MVSA en ook lid van die Uitvoerende Komitee van die Algemene Praktisynsgroep van die MVSA. Vir die afgelope 20 jaar is hy 'n Burgermagoffisier in die SAGD.

"YOU CAN ALWAYS TELL A GOOD DOCTOR BY THE LETTERS HE WRITES"

There lies a lot of truth in this generalization used by Bush[1] as the heading of an article on referral letters. The referral process and the quality of communication involved therein received considerable attention in the last few decades. "In recent years it has been established standard practice for the letter to be the tool of communication between the general practitioner and the specialist."[2]

The concept of a fixed-heading format for referral letters was stressed by several writers[4,5,6] Barnes and Hoile[7] suggest "that general practitioners should adopt some format based on essential criteria when writing letters of referral, so that important information is not overlooked." Norman Gold[3] further states that "improvement of referral letters is needed to obtain optimal patient care".

Referral of patients to consultants is an integral part of patient care in both hospital and ambulatory patient care, be it in primary or specialist practice. A consultation implies extension of care to take place, and is mostly aimed at providing opinion and/or management by a person more expert in the relevant field than the doctor primarily responsible for the patient.

For optimal results and to prevent avoidable errors through lack of information, a heavy responsibility rests on the referring doctor to ensure that sufficient and correct data are supplied. The commonest complaints by consultants about referrals are as follows:

- Lack of information about relevant medication and other management;

- little or no background history of other related and unrelated but important problems
- failure to mention laboratory or imaging investigations done and their results.

To a certain extent the written request to a consultant is a disclosure of the referring doctor's attitude towards his work, and the efficiency with which it is performed. In its most useful form the referral letter states clear, unequivocal requests, while it supplies all relevant information in summarized, orderly format. To be efficient, it must not consume too much time, and must not omit essential data.

The contents and quality of the referral letter may have a significant influence on the subsequent action of the consultant. The correctness or otherwise of information supplied may influence correct diagnosis and treatment. The referring doctor must also indicate in the letter exactly what is required, namely one or more of the following: diagnostic help, advice on management, further appropriate treatment by the consultant or by somebody appointed by him, certain special procedures *eg* gastroscopy, a second opinion, revisit, etc.

The conclusions which a consultant may consciously or subconsciously draw on the grounds of the quality and total contents of the referral letter, may to a large measure decide whether or not the referring doctor will be seen as a competent team-mate. General practitioners sometimes complain that they never see patients referred to a specialist again. Sometimes the fault lies with certain specialists (and the general practitioner soon finds out who they are), but often the vagueness or absence of the referral letter is to blame for this. A considerable percentage of patients for whom appointments are made with consultants, arrive without referral letters. Some letters may read as follows: "Dear colleague, I refer to you Mr Williams with abdominal pain for two days. Thanks". Can a surgeon be blamed if he considers it a risk for the patient to be referred back to such a doctor to do the appendicectomy needed?

STANDARD REFERRAL FORMS:

There are many advantages in the use of purpose-designed forms for referrals instead of ordinary letters. When used correctly, such forms take less time and leave fewer chances for omitting important information. A great advantage is the educational value of compelling the writer of the lettter to consider the problems systematically. The logical pattern of thinking demanded by completing such a form may give rise to new insight, obviating some unnecessary referrals. In certain situations the referring person would choose to write a letter with comprehensive explanations in individual style. Such a letter may comply with the need for particular formality, informality, joviality or, seldomly, the necessity of lengthy explanation of finer detail. Where a lengthy history and other particulars necessitate more writing space than provided by the referral form, an ordinary letter is desirable. However its contents should then have the same systematic sequence. The quality of a lot or ordinary referral letters could be judged as being far more amicable than scientific. They tend to be less concise, less comprehensive and systematical, unless written according to a laid down order, which may entail a lot of writing.

In many practices a printed form for referral has already been used successfully. It is usually applauded by consultants. A similar form has been in use in the HF Verwoerd hospital for many years as a means of interdisciplinary consultation. It has many advantages over an ordinary letter. There is less writing to be done, it follows a fixed, systematic pattern, assisting the writer not to omit important data.

Features from various prestructured letters have been used to compile the form shown in figure 1. It is obtainable from the MIMS organisation and has the approval of the National General Practitioners Group of MASA and the SA Academy of Family Practice/Primary Care.

1. The lay-out for administrative details is mostly accepted as effective.
2. The ***specific request(s)*** to the consultant are indicated by means of a cross or tick in one or more appropriate squares. When applied correctly, a lot of unnecessary misunderstanding between referrer and consultant can be prevented in this way; especially misunderstanding as to who must undertake further treatment.

☐ "Clinical opinion". When this is the only request, it means that further advice or treatment is not asked for. This underlines the concept that referral does not necessarily mean "handing over".

☐ Second specialist opinion
☐ Revisit
} Self explanatory

☐ Diagnostic procedures *eg* endoscopy, ultra sound
☐ Advice re further management by myself *ie*, with or without a request for a clinical opinion or further treatment, *eg* consultation on a problem of management where the diagnosis itself is obvious.
☐ "Further management of problems for which referred". This implies exactly what it says.

3. ***Problems for which I consult you with relevant clinical findings:***

Under this heading the specific problems which concern the consultant are put forward. The related clinical history and findings are also described under this heading.

4. ***Other problems and previous history of illness and operations:***

Unnecessary and unrelated details are to be avoided.

Necessities are *eg* clinically relevant previous operations, injuries, other illnesses that can influence the problems under discussion, but also unrelated risk factors *eg* cardiovascular, respiratory and renal pathology.

5. ***Special investigation and referrals with results:***

These important data are often mentioned inadequately or not at all in letters, resulting in inconvenience, loss of time and money to the patient. Unless copies of reports are included (which in itself can be time consuming), the exact findings must be furnished. Most consultants prefer available radiographs, where applicable, to reports only.

6. ***Previous treatment and present medication with dosages:***

Maybe this is the greatest shortcoming in most referral letters. Accurate, comprehensive information on present therapy is imperative for meaningful continuation of maintenance therapy of, especially, the older patient.

7. ***The patient has been informed as follows:***
(ie what I have told the patient). Quite reasonably the consultant's expectations of what the patient knows (or does not know) may differ a lot from reality. Such communication could avoid misunderstandings.

8. ***Further remarks:***
It is often useful to mention the circumstances and background of certain patients, and to give a better explanation of reasons behind the consultation. For example: "She is a trained nurse"; he is anxious about a possible neoplasm"; "they have financial problems", etc.

9. ***I am available to:***
☐ Assist ☐ Give anaesthetic ☐ Do follow-up management

It takes hardly any time to indicate this where applicable, but it may often prevent a great deal of misunderstanding.

A great boon when writing a referral letter is a reliable, well-kept patient record. It is here, too, that problem orientated clinical record keeping shows its true value, with all relevent information readily available. The referral will in turn be recorded on the clinical chart.

Where an open doctor-patient relationship exists, it may be a good thing if the patient knows the exact contents of the referral letter. Whether the letter should be posted directly to the consultant and whether it should be given to the patient as an open or closed letter for delivery to the consultant, is for the referring doctor to decide.

In conclusion, making use of a structured way of patient referral by means of printed referral forms is helpful as a time-saving procedure. At the same time it greatly enhances meaningful interdisciplinary communication which in turn should substantially promote better patient care. Another useful spin-off frequently reported is the orderly thinking pattern enforced by completion of the form, see a completed referral letter (figure 1). This method of referral becomes a valuable instrument when applied correctly.

REFERENCES

1. Bush, J Peter. You can always tell a good doctor by the letters he writes. *Aus Fam Phys* 1976; 5: 1232.
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7. Barnes PK, Hoile RW. Emergency Admissions to a General Medical Unit: A Survey of the Accompanying Letters, with Recommendations. *Br Med J* 1969; 4: 424-5.

FIGURE 1.

Practice stamp or, name and address of doctor(s)
Praktykstempel of, naam en adres van dokter(s)

Drs G Brown and H Jones
P O Box 5678
GLENMORE
9100 Tel: 47-8901

From / Van: Dr S Jones
To / Aan: Dr H Barber
Date / Datum: 30 November 1984

PATIENT FOR CONSULTATION/REFERRAL — PASIËNT VIR KONSULTASIE/VERWYSING

Name and address of person responsible for payment / Naam en adres van persoon aanspreeklik vir betaling: Mr B P Smith
7 Seaview Drive, Glenmore

Employer / Werkgewer: CDE Shoestore — Med. Scheme / Med. Skema: – — No / Nr: –

Patient / Pasiënt: Mrs M Smith — Date of birth / Geboortedatum: 19-2-40 — Sex / Geslag: F — Marital status / Huwelikstaat: M

Dear / Geagte: Henry

For the abovenamed I would like to request the following / Vir bogenoemde pasiënt versoek ek graag die volgende

☒ Clinical opinion / Kliniese opinie ☐ Second specialist opinion / Tweede spesialis opinie ☒ Revisit / Herbesoek ☐ Diagnostic procedures / Diagnostiese prosedures

☒ Further management by yourself of problems consulted for / Verdere hantering deur uself van probleme waarvoor gekonsulteer ☐ Advice re-further management by myself / Advies mbt verdere hantering deur myself

Problems for which I consult you with relevant clinical findings:
Probleme waarvoor ek u konsulteer met tersaaklike kliniese bevindinge:

VARICOSE VEINS, LEFT LEG.
Since you saw her 3 years ago the condition got worse.
She had a small ulcer on the medial aspect of the left ankle till recently.

see overleaf / blaai om asseblief

Other problems, previous history of illnesses and operations:
Ander probleme, vorige siektegeskiedenis en operasies:

- Mild hypertension, under control
- Hysterectomy 2 years ago

Special investigations and referrals already carried out with results:
Spesiale ondersoeke en verwysings reeds uitgevoer met bevindinge:

Seen by you 1981

Previous treatment and present medication with dosages:
Vorige behandeling en huidige medikasie met doserings:

Hydrochlorothiazide 25 mg mane
Elastic stockings

The patient has been informed as follows:
Die pasiënt is soos volg ingelig:

Operation might be the only way out

Further remarks / Verdere opmerkings: Can not afford private hospital

I am available to / Ek is beskikbaar om: ☒ Assist / Te assisteer ☒ Give Anaesthetic / Narkose toe te dien ☒ Do follow-up management / Opvolghantering uit te voer

With kind regards,
Met vriendelike groete,

Signature / Handtekening: Jones
Name (Please print) / Naam (Drukskrif asb.)

Recommended and approved by the National Practitioners Group and the SA Academy for Family Practice/Primary Care
Aanbeveel en goedgekeur deur die Nasionale Algemene Praktisynsgroep en die SA Akademie vir Huisartspraktyk/Primêre Sorg

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