

# Specialist Referral Form

Emerald Value



All non-emergency specialist referrals require an authorisation, obtainable from the GEMS Call Centre on 0860 436 777. Please ensure that this form accompanies the patient when consulting with the authorised specialist practitioner.

Authorisation no.

Date

## Section A: Patient details

Surname   
First name   
Date of birth  Age  ID no.  Gender   
Postal Address   
 Code   
Tel no. (H)  (W)  Cell no.   
Scheme Option  Tanzanite One  Beryl  Emerald Value  
Member no.  Dependent code

## Section B: Referring Nominated Family Practitioner's Details

Doctor's Initial   
Name   
Surname   
Practice no.   
Tel no.   
Email

## Section C: Specialist Practitioner's Details

Specialist Initial   
Name   
Surname   
Consultation appointment date  Practice no.

## Section D: Patient's Clinical Details

Clinical diagnosis \_\_\_\_\_  
Reason for referral \_\_\_\_\_  
Date of onset  ICD10 codes   
Current medication \_\_\_\_\_  
Special investigations and results \_\_\_\_\_  
Referring doctor's signature \_\_\_\_\_

Specialist Practitioners please note: The Emerald Value Option is subject to managed care protocols and formularies. Pre-authorisation is needed for any further referrals, investigations or medication not in the formulary. Kindly call 0860 436 777 for all pre-authorisations or for further queries.