Specialist Outpatient Services
Approved Letter Suite

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General practitioner – Acknowledgment and category

Hospital reference number: [Insert patient’s UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

We received the referral for [insert patient’s name], [insert patient’s DOB], to the [insert specialty/unit] and are pleased to inform you the referral has been categorised as [insert category], which means it is clinically recommended that the appointment take place within [30 days/90 days/365 days].

Your patient has been informed of this and we look forward to offering them an appointment at the first opportunity.

We ask if you could continue to monitor [insert patient’s name] and advise us if there are any changes.

Please do not hesitate to contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Acknowledgment and category

Hospital reference number: [Insert patient’s UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert patient’s full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

We are pleased to advise you the referral from your doctor [insert Dr name] to the [insert specialty/unit] has been categorised as [insert category] which means it is clinically recommended that your appointment take place within [30 days/90 days/365 days].

We will offer you an appointment as soon as one is available.

We ask you to please keep seeing your GP regularly, especially if there is a change in your health while waiting for an appointment with us.

We have notified your doctor/[insert Dr name] of this.

Please do not hesitate to contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Inadequate information

Dear [Insert Dr name]

We received your referral for [insert patient's name], [insert patient's DOB], to the [insert specialty/unit]. Unfortunately, a specialist clinician was unable to assign an urgency category based on the information provided.

Please find enclosed the information the specialist clinician requires to categorise this referral.

We look forward to receiving a new referral at your earliest convenience. Please send the new referral to [insert service details]

As we have been unable to categorise the referral, [insert patient's name] is not on a wait list for the [insert specialty/unit].

We have informed [insert patient's name] of this and asked them to contact you.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]
Patient – Inadequate information

[Insert patient's full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

We received a referral for you to the [insert specialty/unit] from your doctor [insert Dr name].

Unfortunately a specialist clinician was unable to assign an urgency category based on the information provided and you are unable to be placed on the waiting list at this stage.

We have notified your doctor advising them of the information we require and have requested a new referral be submitted on your behalf.

Please contact your doctor to see if you require an appointment with them.

As we have been unable to categorise the referral, you are not currently on the wait list for the [insert specialty/unit].

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Categorised, further information required

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Dear [Insert patient name]

We are pleased to advise you the referral from your doctor [insert Dr name] to the [insert specialty/unit] has been categorised as a [insert category], which means it is clinically advisable that your appointment take place within [30 days/90 days/365 days].

The specialist clinician has asked if some further information could be provided by your GP at the earliest convenience.

We have written to [insert Dr name] requesting the information required by the specialist clinician.

Please contact your GP or [insert contact number] if you have any questions.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Dear [Insert Dr name]

Thank you for your referral for [insert patient's name], [insert patient's DOB] to the [insert specialty/unit]. A specialist clinician has viewed the referral, and based on the information provided, has identified the service the patient requires falls outside the scope of publicly funded services.

We have advised your patient of this and asked them to discuss private or alternative treatment options with you.

Should you feel this decision is incorrect, please provide us with another referral including information that may change this outcome, and advise your patient accordingly.

If you have any questions about this decision, please contact us on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Out of scope

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

We received a referral from your doctor [insert Dr name] to the [insert specialty/unit] on [insert date]. A specialist clinician has viewed the referral, and based on the information provided, has identified the service you require falls outside the scope of publicly funded services.

We recommend you make an appointment with your GP to discuss private or alternative treatment options with them.

Should you and your GP feel this decision is incorrect, your GP can provide us with another referral including information that may change this outcome.

If you have any questions about this decision, please contact us on [insert contact number/details].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Expired referral

Dear [Insert Dr name],

Our records indicate the referral to the [insert specialty/unit], for [insert patient's name], [insert patient's DOB], is due to expire before their next appointment.

[insert patient's name] has been notified of this, and we have asked them to contact your practice to arrange a continuation referral to be completed and submitted to us prior to their next appointment.

Please contact us if you have any questions on [insert contact number].

Yours sincerely,

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Expired referral

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert patient’s full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Our records indicate your referral to the [insert specialty/unit], is due to expire before your next appointment.

We have advised [insert Dr name] of this, and ask you to contact their practice to arrange a continuation referral to be provided to us/to you before your next appointment.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Appointment offer

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

An appointment has been reserved for you at the [insert clinic name] on [insert date] at [insert time].

We are able to hold this appointment for you until [insert date or 14 days from the date on this letter] and require you to confirm your attendance.

To do this, or to arrange a more suitable date and time, please contact [insert facilities confirmation details].

Due to the high demand for this service, if you don’t confirm your ability to attend, your appointment will be offered to another patient.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Appointment confirmation

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Thank you for confirming your appointment at the [insert clinic name], details as below:

[insert clinic name and location]
[insert time and date].

Please bring your Medicare card and, if you have a Healthcare, DVA or Pension card to all appointments.

If you are unable to attend this appointment, please advise us as soon as possible on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Did not respond, contact facility

Dear

Our records show you did not confirm your appointment at the [insert clinic name] for [insert appointment time and date].

A specialist clinician has reviewed your chart and would like another appointment arranged for you.

Please contact us on [insert clinic contact details] by [insert date or 14 days of the date of this letter] so we can arrange a suitable time and date.

Please contact us if you have any questions, or wish to cancel your appointment on [insert contact number].

Yours sincerely

[Insert department name]  
[Insert facility/hospital name]  
[Insert HHS name]

[Insert patient’s full name]  
[Insert patient’s address]  
[Address line 2]  
[Insert city, state, postcode]

Hospital reference number: [Insert patient’s UR]  
Enquiries to: [Insert clinic name]  
[Insert Hospital]  
Telephone: [Insert telephone no.]  
Fax: [Insert ref no.]
General practitioner – Did not respond, no further follow up

Hospital reference number: [Insert patient’s UR]

Enquiries to: [Insert clinic name]
[Insert Hospital]

Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

[insert patient's name], [insert patient's DOB] did not confirm their appointment at the [insert clinic name] for [insert appointment time and date].

A specialist clinician has reviewed their chart and it has been decided no further appointment offers will be made at this stage.

We have advised [insert patient's name] of this and asked they return to you if they feel another appointment is required. If you agree, please provide a new referral.

Please contact us on [insert contact number] if you have any queries on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Did not respond, no further follow up

Hospital reference number: [Insert patient’s UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Unfortunately we have been unsuccessful in contacting you on several occasions and it has been decided that no further appointment offers will be made at this stage.

You are not presently on the waiting list for [insert speciality]. Should you feel you need another appointment with a Specialist, please arrange to see your GP for a new referral or contact us on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – FTA, please contact facility

Dear [Insert patient name]

A confirmed appointment was held for you at the [insert clinic name] on [insert appointment date], which unfortunately you did not attend.

A clinician has reviewed your chart and asked for another appointment to be arranged for you.

Please contact us as soon as possible on [insert contact number] so we can arrange a suitable time and date.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – FTA, no further action

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

[insert patient's name], [insert patient's DOB] did not attend their appointment at the [insert clinic name] for [insert appointment date].

A specialist clinician has reviewed your patient’s medical record and it has been decided no further appointment offers will be made at this stage.

We have advised [insert patient's name] of this and asked they return to you if they feel another appointment is required. If you agree, please provide a new referral.

Please contact us on [insert contact number] if you have any queries.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – FTA, no further action

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

A confirmed appointment was held for you at the [insert clinic name] on [insert appointment date], which unfortunately you did not attend. Our records indicate that this was the [insert - second, third etc] confirmed appointment that you have not attended.

A Specialist Clinician has reviewed your medical record and has decided that no further appointment offers will be made at this stage.

Should you feel you need another appointment with a specialist, please arrange to see your GP for a new referral.

Please contact us on [insert contact number] if you have any queries or concerns.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Hospital initiated cancellation, no appointment offer

[Insert patient's full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name],

Unfortunately we have had to cancel your appointment at the [insert clinic name], on [insert appointment date].

We apologise for this inconvenience and are currently working with the specialists to identify a new appointment date and time for you.

We will contact you as soon as we have another appointment available.

While you are waiting for another appointment, please continue to see you referring doctor, especially if you have any concerns about your health.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Hospital initiated cancellation, new appointment offer

[Insert patient's full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name],

Unfortunately we have had to change your appointment date and time at the [insert clinic name], from [insert appointment date and time] to a new appointment on [insert appointment date and time].

We apologise for this change and any inconvenience caused.

We are able to hold the new appointment for you until [insert date or 14 days from this letter] and require you to confirm your ability to attend.

To do this, or to arrange a more suitable date and time, please contact [insert contact number].

Due to the high demand for this service, if you do not confirm your appointment, it will be offered to another patient.

Please contact us if you have any questions.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]

Insert Facility/Hospital/HSS
Insert HSS
Insert address
Queensland 4xxx Australia
Telephone +61 7 xxxx xxxx
Facsimile +61 7 xxxx xxxx
Website www.health.qld.gov.au
Patient – Hospital initiated cancellation, new appointment confirmation

[Insert patient’s full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Unfortunately, we have had to change your appointment at the [insert clinic name], on [insert appointment date and time].

We apologise for this inconvenience and have rescheduled a priority appointment for you:

When [insert appointment date and time]
[insert appointment date and time]

Where [insert facility location]

Please bring
- This appointment letter
- Medicare Card, Healthcare, DVA or Pension card
- Relevant x-rays, scans (e.g. CT or ultrasound), blood tests
- A list of medication you are currently taking
- Glasses, hearing aids.

Should this time not be suitable for you, please contact us on [insert contact details].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Patient initiated cancellation no appointment offer

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Thank you for contacting us to cancel your appointment at [insert clinic name], on [insert appointment date].

A clinician will advise when your next appointment should be scheduled for, and we will contact you when that appointment is available.

Please continue to see your referring doctor, especially if you have any concerns or questions.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Patient initiated cancellation new appointment confirmed

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Thank you for contacting us to reschedule your appointment. The details of your new appointment are as follows:

When [insert appointment date and time]
[insert appointment date and time]

Where [insert facility location]

Please bring

- This appointment letter
- Medicare Card, Healthcare, DVA or Pension card
- Relevant x-rays, scans (e.g. CT or ultrasound), blood tests
- A list of medication you are currently taking
- Glasses, hearing aids.

Please contact us if you are unable to attend this appointment on [insert contact details].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Patient requests removal from waiting list

[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

[insert patient's name], [insert patient's DOB] has advised us they no longer require an appointment with [insert clinic name].

Should [insert patient's name] require an appointment with [insert clinic name] again, please provide us with another referral.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HSS name]
Patient – Patient requests removal from waiting list

[Insert patient's full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name],

Thank you for letting us know you would like to be removed from the waiting list for the [insert specialty or service] at this hospital. I wish to confirm your name has now been removed and no further appointments will be scheduled for [insert specialty or service].

We have also sent a letter to your doctor to advise them of this and ask you to discuss this letter and treatment options with them.

Should you feel you need another appointment with a specialist, please arrange to see your GP for a new referral or contact us on [insert contact details].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Specialty has changed to another more appropriate specialty or service

Hospital reference number: [Insert patient’s UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr full name]
[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

Thank you for referring [insert patient's name], [insert patient's DOB] to the [insert specialty].

A specialist clinician has reviewed the referral, and decided a different specialty/service [insert new specialty/service] would be more appropriate to provide the service your patient requires.

We have forwarded the referral to this department on your behalf.

Optional line Insert info about service/information on this service is enclosed

We have informed [insert patient’s name] of this, and you and your patient should receive communication from this service within a week regarding an appointment time.

Please contact us on [insert contact details] should you have any questions regarding this decision or if there is any change in your patient’s condition.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Speciality has changed to another more appropriate specialty or service

[Insert patient’s full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

We received a referral to the [insert specialty or service] from your GP [insert gp name].

A specialist clinician has reviewed this information and decided another specialty/service [insert specialty or service] would be more appropriate to manage your care.

*Optional line – info about new service/information enclosed*

Your referral has been forwarded to them and they will contact you within one week with an appointment time.

We have advised [insert GP name] of this.

If you have any questions, please contact us on [insert contact details].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Alternative treatment while on waiting list

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr full name]
[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

While waiting to be seen by the [insert specialty clinic], we believe [insert patient's name], [insert patient's DOB], will benefit from additional treatment from a supportive service. Details of this service are enclosed.

Your patient remains on the [insert specialty] wait list, and their waiting time will not be negatively impacted by attending or not attending this supportive service.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]

Insert Facility/Hospital/HSS
Insert HSS
Insert address
Queensland 4xxx Australia
Telephone +61 7 xxxx xxxx
Facsimile +61 7 xxxx xxxx
Website www.health.qld.gov.au
Patient – Alternative treatment while on waiting list

Dear [Insert patient name],

While waiting to be seen by the [insert specialty or service], we believe you will benefit by seeing an additional support service.

Details of this service are enclosed and you will receive an appointment offer from them shortly.

You remain on the [insert specialty or service] wait list, and your waiting time will not be negatively impacted if you choose to attend or not attend this supportive service.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Transfer facility

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr full name]
[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

We received a referral from you for [insert patient's name], [insert patient's DOB] for a specialist appointment at [insert specialty] at the[insert facility/hospital name].

A specialist clinician has reviewed the referral, and it was decided to transfer the referral to [insert facility/hospital name] as [insert reason].

1. the facility you referred the patient to does not provide the service this patient requires
2. the patient lives closer to this facility
3. other reason

[insert patient's name] has been advised of this and we have asked them to contact us if they wish to be returned to the original facility, or if they have any questions.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Transfer facility

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Your referral to [insert specialty or service] has been reviewed by a specialist clinician, who has decided you would receive more appropriate, timely care at [insert facility name].

If you would prefer to be treated at the facility you were originally referred to, or if you have any questions, please contact us on [insert contact details].

Please keep seeing your referring practitioner regularly, especially if there is a change in your health while waiting for an appointment.

You will be offered an appointment by the [insert new facility name] as soon as one is available

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Subsequent referral, upgrade

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert Dr full name]
[Insert Dr address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert Dr name]

We have received an updated referral from you for [insert patient's name], [insert patient's DOB].

A specialist clinician has reviewed your referral and [insert patient's name] has been upgraded to category [insert category], which means it is clinically advisable that the appointment take place within [30 days/90 days].

Your patient has been informed of this and we look forward to offering them an appointment as soon as one becomes available.

Please continue to monitor [insert patient's name] and advise us if there are any changes.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Subsequent referral, upgrade

Hospital reference number: [Insert patient’s UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

We have received an updated referral from your doctor, [insert Dr name]. A specialist clinician has reviewed this referral and your outpatient category has been upgraded to a category [insert category], which means it is clinically advisable that your appointment take place within [30 days/90 days].

An appointment will be offered to you as soon as one becomes available.

Please keep seeing your referring practitioner regularly, especially if there is a change in your health while waiting for an appointment with us.

We have notified your doctor [insert Dr name] of this.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
General practitioner – Subsequent referral, category unchanged

Dear [Insert Dr name]

We have received an updated referral from you for your patient [insert patient's name], [insert patient's DOB]. A specialist clinician has reviewed this referral and [insert patient name] remains the same category [insert category] which means it is clinically advisable that the appointment take place within [30 days/90 days/365 days].

Your patient has been informed of this and we look forward to offering them an appointment as soon as one becomes available.

Please continue to monitor [insert patient's name] and advise us if there are any changes.

Feel free to contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Subsequent referral, category unchanged

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

We have received an updated referral from your doctor [insert Dr name]. A specialist clinician has reviewed this referral and your outpatient category remains the same category [insert category], which means it is clinically advisable that your appointment take place within [30 days/90 days/365 days].

We will offer you an appointment as soon as one becomes available.

Please keep seeing your referring doctor regularly, especially if there is a change in your health while waiting for an appointment with us.

We have notified your doctor [insert Dr name] of this.

Please contact us if you have any questions on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Breaching NRFC timeframe, appointment required

Hospital reference number:  [Insert patient’s UR]
Enquiries to:  [Insert clinic name ]
[Insert Hospital]
Telephone:  [Insert telephone no.]
Fax:  [Insert ref no.]
Date:  [Insert date]

[Insert patient’s full name]
[Insert patient’s address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Our records indicate that you have been on the waiting list for [insert specialty] since [insert date placed on list]. We understand that during this time you have advised the clinic that you were unable to attend previous appointments for personal or medical reasons for a total of [insert number of days] days. This exceeds the limit permitted for the urgency category of your referral.

Your referral was categorised as urgency category [insert urgency category – 1,2,3] which means it is clinically recommended that you should receive and attend an appointment within [insert relevant urgency category timeframe - 30 days, 90 days, 365 days]. In Queensland, you cannot delay your care for personal reasons for more than [insert corresponding NRFC limit for patient category - 15 days (category 1); 45 days (category 2) or 90 days (category 3]. Delays longer than this may result in removal from the outpatient waiting list.

A Specialist Clinician has reviewed your medical record, and would like an appointment arranged for you. Please contact us as soon as possible on [insert clinic contact details] by [insert date or 14 days of the date of this letter] so we can arrange a suitable time and date.

If you wish to continue to delay your care, or have any questions, please contact us.

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Breaching NRFC timeframe, no appointment required

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]

[Insert patient's full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

For your information and noting only, our records indicate that you have been on the waiting list for [insert speciality] since [insert date placed on list]. We understand that during this time you have advised the clinic that you were unable to attend previous appointments for personal or medical reasons for a total of [insert number of days] days.

Your referral was categorised as urgency category [insert urgency category - 1,2,3] which means it is clinically recommended that you should receive and attend an appointment within [insert relevant urgency category timeframe - 30 days, 90 days, 365 days]. In Queensland, you cannot delay your care for personal or medical reasons for more than [insert corresponding NRFC limit for patient category - 15 days (category 1); 45 days (category 2) or 90 days (category 3).

As you have exceeded the amount of time you are permitted to delay care for [insert urgency category - 1,2,3], a medical specialist at the [name of hospital] will undertake a review of your medical record and you will be notified of the outcome of the review. Possible outcomes include an appointment with a medical officer who will review your health and talk to you about your future healthcare needs, extension of your ‘not ready for care’ period, or possible removal from the outpatient waiting list. You are not required to attend this review.

Should your condition worsen while waiting for the outcome of the review of your medical record, please contact your general practitioner.

If you have any questions, please contact us on [insert contact number].

Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]
Patient – Audit letter

[Insert patient's full name]
[Insert patient's address]
[Address line 2]
[Insert city, state, postcode]

Dear [Insert patient name]

Please complete the information below and return by: Reply Paid, Email or Fax

Do you wish to remain on the Specialist Outpatient Waiting List  Yes ☐ No ☐

If no, indicate reason:
☐ Condition resolved
☐ Treatment received elsewhere (please specify):…………………………………………
☐ Other (please specify):…………………………………………………………………….

Are you on a wait list at another hospital for this condition? Yes ☐ No ☐
Please specify hospital:……………………………………………………………………

Address:
☐ The above address is correct
☐ My address has changed:……………………………………………………………………

Contact:
Please list current contact details:
Home telephone:…………………………………………………………
Mobile:……………………………………………………………………
Other:……………………………………………………………………
Are you happy to receive notification via text (sms) message? Yes ☐ No ☐

Referring Doctor:
The listed GP details are correct/current: Yes ☐ No ☐
Name: [insert General Practitioner details]
Address: [insert General Practitioner contact details]
Phone: [insert phone details]
If the details are incorrect or no longer current, please complete GP details below:
Name:……………………………………………………………………
Address:……………………………………………………………………
Phone:…………………………….. Fax:………………………………………………
Email:……………………………………………………………………

Hospital reference number: [Insert patient's UR]
Enquiries to: [Insert clinic name ]
[Insert Hospital]
Telephone: [Insert telephone no.]
Fax: [Insert ref no.]
Date: [Insert date]
Medicare:
Medicare number: [insert medicare number] If incorrect, please specify: …………………
Medicare Id:__ (number listed on card before your name)
Valid to: [insert medicare expiry] If incorrect, please specify:……………………………………

Would you travel to another hospital for treatment? Yes ☐ No ☐

Are you available at short notice? Yes ☐ No ☐

I am not available from _ _ /_ _/_ _ _ _ To _ _ /_ _ /_ _ _ _
Reason:……………………………………………………………………………………………………………….

Please notify the hospital if any of your personal details change whilst awaiting treatment.

If you have any questions or concerns, please contact us on [insert contact number].
Yours sincerely

[Insert department name]
[Insert facility/hospital name]
[Insert HHS name]