

## Bankmed GP to Specialist Referral Form

### Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

Only complete this form for planned or elective referrals to a specialist. There is no need to complete this form for referral to an ophthalmologist, a specialist for maternity care, a psychiatrist or to a dental specialist, maxillo-facial or oral surgeon.

Refer to the second page for information about specialist referrals in an emergency/urgent referral or when it is an elective or planned referral.

### How to complete this form

1. Please use one letter per block
2. Please sign section three
3. Attach all relevant test results to avoid any administrative delays
4. Please e-mail the completed form to [specialistauth@bankmed.co.za](mailto:specialistauth@bankmed.co.za)

Is this referral at a patient or parent/guardian's request? Yes  No

If "Yes", please obtain the patient or parent/guardian's signature

Is this referral a GP requesting clinical advice from a specialist to manage the patient's condition and treatment? Yes  No

### 1. Patient's details

Title	<input type="text"/>	Initial(s)	<input type="text"/>		
First name(s)	<input style="width: 100%;" type="text"/>				
Surname	<input style="width: 100%;" type="text"/>				
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input style="width: 100%;" type="text"/>				

Date of birth

Cellphone

How does the member want to receive the feedback from the Clinical Advisory Panel? E-mail  SMS

Complete contact details for the field you selected above

### 2. Referring Specialist details

Practice number	<input type="text"/>	Treating Healthcare Professional	<input style="width: 100%;" type="text"/>
Telephone (W)	<input type="text"/>	(when a specialist needs to contact you)	
Cellphone	<input type="text"/>	(when a specialist needs to contact you)	

How do you want to receive the feedback from the Clinical Advisory Panel? E-mail  SMS

Complete contact details for the field you selected above

