Private healthcare referral form

NOTE: Please complete all sections in BLOCK CAPITALS. If an interpreter is required, this will need to be arranged privately. Please note the patient needs to hold a valid driving licence to be eligible for a driving assessment. Upon receipt of your referral RDAC will contact you regarding invoicing & your client to arrange the assessment.

referrer details

Name | Role

Work Address

Postcode

Phone Number | Email

client details

Title | Name | D.O.B

Gender Female ◯ Male ◯ Non-Binary ◯ Prefer not to say ◯

Address

Postcode

Phone Number | Email

alternative contact details

Name | Relationship

Address

Postcode

Phone Number | Email

Patient prefers us to contact this person: Yes ◯ No ◯

Patient would like their appointment letter copied in to this person: Yes ◯ No ◯

Has your patient given consent for this referral? Yes ◯ No ◯

invoice details

Company | Contact Name

Address

Postcode | Reference

Phone Number | Email

driving details

Does the patient have a valid driving licence? Full ◯ Provisional ◯ No current licence ◯

Referral for: Car Assessment ◯ Motorbike Assessment ◯ HGV/LGV/PSV Assessment ◯

Vehicle Access Assessment/Wheelchair Stowage ◯

booking information

Which Centre would you like to attend?

Accrington ◯	Hull ◯	Oxford ◯	Solihull ◯
Ashton ◯	Leicester ◯	Scunthorpe ◯	Wolverhampton ◯
Aylesbury ◯	Manchester ◯	Shrewsbury ◯	Worcester ◯
Cannock ◯	Northhampton ◯		

Please provide as much information as possible regarding their reason for referral:

medical information

What medical condition do you have and how does it affect you?

Signature | Date