

Date

Specialist's name (if you know it)

Hospital Specialty

Hospital name and address

Dear Sir / Madam

Your full name

Your date of birth Your NHS Number (if you know it)

Your address

Your preferred telephone number

I was referred to you for assessment of

Write your original problem here

I await a first appointment, but write to report the following change in my condition since referral:

Explain briefly what has changed since
you were referred to the specialist

I request that you take the following action

- Please pass the original referral letter and this letter to a clinician to determine whether my assessment might be expedited
- Contact me directly to inform me of the outcome of that decision, and my likely wait for an appointment
- File this letter, and document your decision, in my hospital medical record.

Yours faithfully

Your name