

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

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.