

ANNEX F: WHO Health Service Referral Form Example

This is a tool referenced in the [Facility-Based Services](#) section of Chapter 6: ASRH Services & Interventions. An effective referral system—one where all levels of the health system work together and in which the humanitarian cluster and coordination system is involved—is critical to ensure people receive the life-saving services they need. WHO’s referral template provided below may be adapted and utilized for different humanitarian contexts.

Referral Form						
Name of facility:		original / copy				
Referred by:	Name:			Position:		
Initiating Facility Name and Address:				Date of referral:		
Telephone arrangements made:	Yes	No	Facility Tel No.	Fax No.		
Referred to Facility Name and Address:						
Client Name						
Identity Number				Age:	Sex:	M F
Client address						
Clinical history						
Findings						
Treatment given						
Reason for referral						
Documents accompanying referral						
Print name, sign & date	Name:		Signature:		Date:	
Note to receiving facility: On completion of client management, please fill in and detach the referral back slip below and send with patient or send by fax or mail.						

Back referral from Facility Name		Tel No.	Fax No.		
Reply from (person completing form)	Name:			Date:	
	Position:		Specialty:		
To Initiating Facility: (enter name and address)					
Client Name					
Identity Number		Age:	Sex:	M	F
Client address					
This client was seen by: (give name and specialty)					on date:
Patient history					
Special investigations and findings					
Diagnosis					
Treatment / operation					
Medication prescribed					
Please continue with: (meds, Rx, follow-up, care)					
Refer back to:				Refer back to:	
Print name, sign & date	Name:	Signature:		Date:	

Source: Adapted from [Management of health facilities: Referral systems](#) (WHO).