SOP on Referral Letter Writing in Primary Care Setting

Department of Family Medicine

Faculty of Medicine

UWUSL

Standard Operating Procedure (SOP)
On Referral Letter Writing in Primary Care Setting

Issued By
Faculty of Medicine, Uva Wellassa University of Sri Lanka

(1). Purpose
To ensure safe, timely, and effective communication between the referring physician and the receiving healthcare provider by providing complete, accurate, and relevant patient information, ensuring continuity of care and patient safety.

(2). Scope
This SOP applies to all medical officers, family physicians, interns, and healthcare professionals involved in patient referrals from primary care settings to secondary or tertiary care institutions.

(3). Responsibilities
(3.1) Referring Doctor
- Assess need for referral
- Explain reason and urgency to patient
- Prepare complete and accurate referral letter
- Ensure proper documentation in medical records

(3.2) Nursing Staff
- Assist in collecting reports and investigations
- Educate patients regarding referral process
- Administrative Staff
- Maintain referral documentation
- Coordinate appointments if required

(4). Objectives
- Facilitate referral to the intended institution/specialist and continuity of patient care
- Ensure timely access to specialist services
- Improve communication between healthcare providers
- Reduce duplication of investigations and treatments
- Enhance patient safety and quality of care
- Support medico-legal documentation and accountability

(5). Importance of Proper Referral Documentation/communication

Proper referral communication is essential for safe and effective patient management. Poor or incomplete referral letters may result in:

(5.1). Clinical Consequences

- Delay in diagnosis and treatment
- Missed or incorrect diagnosis
- Repeated unnecessary investigations
- Inappropriate management decisions

(5.2). Patient Safety Issues

- Medication errors due to missing history or allergies
- Failure to recognize severity or urgency
- Increased risk of complications and mortality

(5.3). Communication Failures

- Misinterpretation of clinical condition
- Loss of continuity of care
- Lack of clarity regarding reason for referral

(5.4). Health System Impact

- Increased burden on tertiary care services
- Duplication of investigations and increased costs
- Inefficient use of specialist resources

(5.5). Medico-legal Implications

- Possible allegations of negligence due to poor documentation
- Difficulty in defending clinical decisions
- Failure to meet professional standards of care

(6). Common Mistakes in Referral Letters

- Missing patient identification details
- No clear reason for referral
- Incomplete clinical history
- Missing vital signs or examination findings
- Lack of investigation results
- No documentation of treatment already given
- Unsatisfactory format
- Illegible handwriting or unclear language
- No mention of urgency (routine/urgent/emergency)
- No specific question or request to specialist
- Missing doctor’s signature, stamp, or designation

(7). Indications for Referral

- Need for specialist opinion
- Requirement of advanced investigations
- Conditions beyond primary care capacity

- Emergency care beyond available resources
- Need for multidisciplinary management

(8). Procedure

(8.1) Patient Assessment

- History taking and physical examination
- Review previous records
- Assess urgency of referral

(8.2) Patient Communication

Explain:

- Reason for referral
- Expected benefits
- Referral center details
- Required documents

(8.3) Referral Letter Preparation

Include:

- Date of Referral

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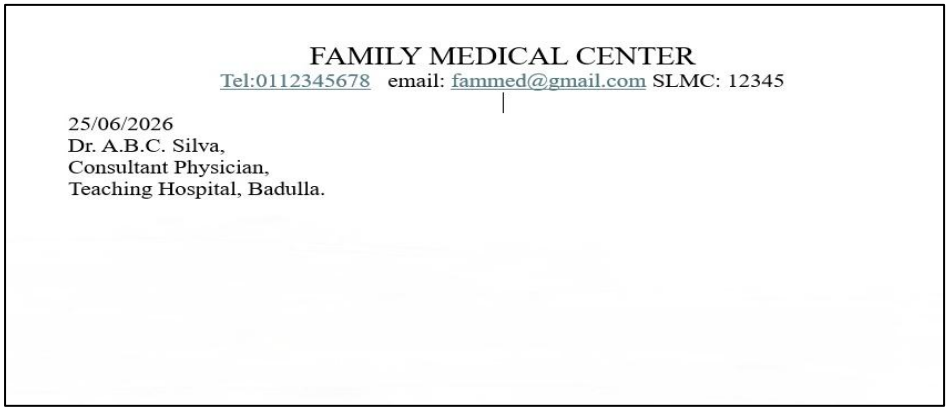
25/06/2026

- Receiving Facility
  - Consultant
  - Department
  - Hospital



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25/06/2026
Dr. A.B.C. Silva,
Consultant Physician,
Teaching Hospital, Badulla.

- Patient Identification
  - Name
  - Age
  - Sex
  - Registration number

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25/06/2026
Dr. A.B.C. Silva,
Consultant Physician,
Teaching Hospital, Badulla.

Dear Sir,

Mr. Nimal Perera, 55years old, Male, Reg No: 1234

- Reason for Referral

- Clinical History
  - Presenting complaint
  - Duration
  - Past medical history
  - Past surgical history
  - Allergies

- Examination Findings
  - Vital signs
  - Positive and relevant negative findings

- Investigations
  - Laboratory investigation results
  - Imaging
  - Other tests

- Treatment Given
  - Medications
  - Procedures
  - Response

I am referring this patient for further evaluation of poorly controlled diabetes mellitus with recent worsening of glycaemic control. He has a 10-year history of type 2 diabetes mellitus and hypertension. He is currently on metformin and gliclazide. Despite adherence to treatment, his blood glucose levels have remained elevated over the past three months.

On examination, he was clinically stable. Recent investigations showed fasting blood glucose of 180 mg/dL and HbA1c of 9.2%, indicating poor glycaemic control. No acute complications were identified.

- Specific Request
  - Opinion
  - Admission
  - Investigation
  - Surgery
  - Shared care

I would be grateful if you could assess him and advise on further management, including consideration of insulin therapy and optimization of his diabetic treatment.

- Referring Doctor Details
  - Name
  - Designation
  - Institution
  - Contact
  - Signature
  - Stamp

(8.4) Review
- Accuracy
- Completeness
- Clarity and legibility

(8.5) Documentation
- File copy in patient records
- Record in referral register

(8.6) Follow-Up
- Review specialist feedback
- Continue shared care
- Document outcomes

(9) Consequences of Improper Referral or communication
(9.1) Clinical Harm
- Delayed diagnosis and treatment
- Disease progression and complications
- Increased morbidity and mortality

(9.2) Emergency Risks
- Life-threatening conditions may be missed at triage
- Delayed emergency interventions
- Inadequate preparation at receiving hospital

(9.3) System Inefficiency
- Overcrowding in tertiary care
- Unnecessary repeat investigations
- Increased healthcare costs

(9.4) Patient Burden
- Multiple hospital visits
- Financial strain on patient and family
- Psychological stress and loss of trust
- Loss of confidence in doctors

(9.5) Legal and Professional Risks
- Potential medico-legal claims for negligence
- Breach of standard clinical practice
- Professional accountability issues

(10). Quality Standards
- Clear
- Concise
- Accurate
- Relevant
- Timely
- Confidential

(11) Monitoring Indicators

- Completeness of referral letters
- Follow-up documentation rate
- Specialist feedback quality
- Patient satisfaction

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Dear Sir,

Mr. Nimal Perera, 55years old, Male, Reg No: 1234

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On examination, he was clinically stable.

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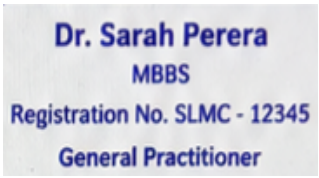
I would be grateful if you could assess him and advise on further management, including consideration of insulin therapy and optimization of his diabetic treatment.

Thank You.



(Signature & Stamp)
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MBBS
SLMC - 12345

(13). References

- World Health Organization (WHO) – Integrated People-Centred Health Services 2016
- Clinical Practice Guidelines for Primary Care Doctors, Sri Lanka 2021

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