

# Private Consultation Referral Form

THE PRINCESS GRACE HOSPITAL

part of **HCA**Healthcare UK

**For the attention of:** .....

42-52 Nottingham Place  
London W1U 5NY

**Specialty:** .....

**Patient Name:** ..... **Date of Birth:** .....

**Address:** .....

.....

**Postcode:** ..... **Telephone no.:** .....

**Referring Doctor:** .....

**Surgery Address:** .....

.....

**Telephone no.:** ..... **Fax:** .....

**Signed by referrer:** ..... **Date:** .....

**Presenting complaint:**

**Relevant Medical History:**