



**Patient Retraining & Vocational Resettlement Service  
Queen Elizabeth Hospital**

**Referral Form**

**Fax No.: 3506 8485**

**Tel.: 2781 0027**

Patient Retraining & Vocational Resettlement Service at QEH aims to retrain the work skills of patient with chronic illness for open employment. Please fill this form for suitable patient. Completed form please fax to our office. Any query, please call us at 2781 0027.

*Part A – Personal Particulars*

Name: \_\_\_\_\_ ( \_\_\_\_\_ )      Sex: M / F

Contact No.: \_\_\_\_\_

*Part B– Consent*

Verbal consent is gained from the above-named patient, to allow the above personal information to disclose to the QEH Patient Retraining & Vocational Resettlement Team.

*Part C – Referrer*

Name: \_\_\_\_\_ Post: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_