



**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: _____