



PRF · Patient Referral Form

*Better healthcare, brilliantly connected.*Please complete every section and return this form to info@mnphc.co.ukQueries: +44 7580 982538 · mnphc.co.uk

PRF reference

Date of referral

1. Referrer details

Referrer name

Organisation / clinic

Role / job title

Relationship to patient (e.g. clinician, family, self-referral)

Phone

Email

2. Patient details

Full name

Date of birth

Phone

Email

Address and postcode

Preferred contact method and time

Interpreter or accessibility needs

GP name and practice (optional)

3. Service requested

Service (tick all that apply)

- ☐ Medical tourism – Türkiye ☐ Medical tourism – India ☐ Aesthetics / Geneo X ☐ Wellness services
☐ Other (please describe below)

Treatment of interest (tick all that apply)

- ☐ Cosmetic surgery ☐ Dental ☐ Hair transplant ☐ Eye surgery
☐ Oncology ☐ Bariatric / weight loss ☐ Other (please describe below)

Procedure or treatment of interest

Preferred dates or timeframe

Urgency (routine / soon / urgent)

Other service details



4. Reason for referral

Share only the information needed for this referral.

Reason for referral

Relevant medical history

Current medication

Known allergies

Previous related treatment or surgery

Anything else we should know

5. Patient consent and data protection

PHC Ltd is a consultancy and referral service. Clinical assessment, advice and treatment are provided by the receiving clinic or hospital, not by PHC Ltd.

The patient confirms the following:

- ☐ I agree to this referral being made on my behalf.
- ☐ I agree to PHC Ltd holding the information on this form and sharing it with the relevant partner clinic or hospital, including providers outside the UK where I have chosen treatment abroad.
- ☐ I agree to PHC Ltd contacting me about this referral.
- ☐ I understand I can withdraw my consent at any time by emailing info@mnphc.co.uk.

PHC Ltd (Pharma Healthcare Consultancy Ltd, Company No. 16430309) is registered with the Information Commissioner's Office and handles personal data in line with UK GDPR.

Patient name

Patient signature

Date

Referrer name

Referrer signature

Date

6. For PHC office use only

Date received

Handled by

Referred to (clinic / partner)

Date patient contacted

Outcome / next step