

ICU Follow Up Clinic 12 Week Appointment - BCH

ICU consultant:	Speech and Language Therapist:
Physiotherapist:	
Clinical Psychologist:	H+C Number:
Pharmacist:	DOB:
Dietitian:	Clinic Date:

Dear Dr ,

RE: Patient Name and Address

Your patient was reviewed at the ICU follow up clinic. Full details of this encounter can be found on NIECR.

The following **investigations** have been requested:

The following **referrals** have been made:

GP Actions:

Please could you ...

This patient has been medically discharged from this clinic.

Yours Sincerely,

Anaesthetic Registrar on behalf of , ICU Consultant