

Referral Checklist

Health Facility Name:.....

Supervisor name:

Date: / /

Mg 22	The following items represent standards of good referral practices	Observations
1	Referral agreement: The clinic has agreements with referral sites that it uses for referring its cases. When no formal agreements exist (e.g. signed documents), at least informal agreements are in place.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2	Staff Informed: Possible referral sites are clearly identified or listed by the clinic. They are known by staff.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3	Referral procedures: Referral procedures are in place and documented. Clinic staff are aware of the procedures and are familiar with them.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4	Referral forms: Referral forms are available to staff. Additional referral guidelines are in use. In that case they are available to staff also.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5	Referral registry: A registry of referrals is kept. While it can be a single registry or a set of different registries for different staff of the clinic, their information is up to date.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6	Referral form: copies of referral forms are sent with client to the referral sites.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7	Referral statistics: Statistics about referrals are easily available and accessible. These statistics are also subject of regular attention by management or staff	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
8	Referral feedback: Reports to the clinic about patients or clients are kept in the client file or, at least, documented in the client file. The referral system also ensures feedback to the referral sites. Such system is currently in use.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9	Follow-up system: The referring health provider reviews results from referrals. Follow-up action is made and documented.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10	Client satisfaction: A system is in place that verifies client satisfaction with the referral services.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

* Please document the key observations on practices in the supervisory report form with in depth analysis whenever needed and suggestions for solutions and next steps