

# ECO4 and GBIS Flex Medical Referral Template

Name:

Title:

Address of Medical Practice:

**A SURGERY  
STAMP MUST BE  
PROVIDED**

Postcode:

Date:

## **GBIS and ECO4 Flex Medical Referral**

Dear Local Authority Representative,

Having considered the patient's medical health condition(s), I hereby refer the following patient for ECO4 and GBIS Flex, as set out by the Department for Energy Security and Net Zero.

### Patient Details

**Name:**

**First line of address:**

**Postcode:**

As this medical referral template contains health data, it must comply with the rules on processing special category data. Please ensure that any onward information sharing adheres to the related requirements under the UK General Data Protection Regulation and Data Protection Act 2018.

### Route 3: Person suffering from severe or long-term ill-health

I confirm the patient suffers from the following condition(s) (tick the relevant condition(s) below).

<b>ROUTE 3</b>
<input type="checkbox"/> A cardiovascular condition
<input type="checkbox"/> A respiratory disease
<input type="checkbox"/> Limited mobility
<input type="checkbox"/> Immunosuppression

I confirm that the named patient is adversely affected by living in a cold home.

**Name:**

**Signature:**

**Email:**

**GMC Reference:**

**AN EMAIL ADDRESS  
AND GMC REFERENCE  
MUST BE PROVIDED**