

OET Writing Referral Letter Checklist

31 checks for a Grade B letter, grouped by the six criteria OET assessors mark. Run the first section in the 5-minute reading time and the last in your final 3 minutes.

Before you write: the 5-minute reading time

- ☐ I know who the reader is and what I want them to do. The reader and the request decide which case notes matter and what register to use.
- ☐ I know the letter type: referral, transfer, discharge, or a letter to a patient or carer. Each type has a different purpose sentence and a different closing request.
- ☐ I have marked every case note as essential, useful or irrelevant. Sorting the notes first is the fastest way to keep irrelevant detail out of the letter.
- ☐ I have planned the paragraph order: the current problem first, background after. Case notes are written in date order, not in the order the reader needs them.

Layout

Organisation and Layout

- ☐ The recipient's name, position, organisation and address are at the top. Copy them exactly as the task gives them.
- ☐ The date is the one given in the task, not today's date. Assessors check that you used the task details.
- ☐ The Re: line has the patient's full name and date of birth. It identifies the patient before the reader starts the letter.
- ☐ The salutation matches the recipient: "Dear Dr Chen", not "Dear Laura". Use "Dear Sir/Madam" only when the task gives no name.
- ☐ Each paragraph has one job, with a blank line between paragraphs. Grouping information logically is what this criterion marks.
- ☐ It ends with "Yours sincerely", then my name and profession. Use "Yours faithfully" only after "Dear Sir/Madam".

Purpose

Purpose (marked 0 to 3)

- ☐ The first paragraph says who the patient is and exactly why I am writing. "I am writing regarding the above patient" does not state a purpose.
- ☐ Any urgency is stated in the opening, not saved for the end. The reader should know how soon to act from the first sentence.
- ☐ The final paragraph makes a specific request, such as "assess his footwear and offloading needs". A generic "please see and advise" leaves the purpose undeveloped.

Content

- ☐ Every essential case note is in the letter. Missing a point the reader needs to act is the biggest Content penalty.
- ☐ Doses, dates, results and timeframes match the notes exactly. One wrong figure is a clinical error, not just a language slip.
- ☐ Normal findings, resolved conditions and unrelated social details are left out. If it does not change what the reader does next, it does not belong.
- ☐ What I have already done or started is stated: tests sent, medication changed. The reader needs to know where care stands so nothing is repeated.
- ☐ Pending results and follow-up arrangements are mentioned. Tell the reader what is still to come and who will send it.

Conciseness and clarity

- ☐ **The body of the letter is about 180 to 200 words.** Letters well over that usually include notes the reader does not need.
- ☐ **Related points are combined into one sentence where they belong together.** Summarising, not listing, is what this criterion rewards.
- ☐ **Nothing is said twice.** Repetition makes the letter longer without helping the reader.

Genre and style

- ☐ **The register suits the reader: clinical for a colleague, plain English for a patient or carer.** The same facts are written differently for a specialist and for a parent.
- ☐ **Note shorthand is written out: SOB, 3/52, PMH, c/o.** Case-note abbreviations are not letter language.
- ☐ **The tone is polite and professional, with no contractions or casual phrases.** Write "I would be grateful if", not "Can you please".

Language

- ☐ **Every note has become a full sentence; no fragments are left.** "BP 150/90, SOB on exertion" becomes "His blood pressure was 150/90 and he reported breathlessness on exertion."
- ☐ **Tenses are consistent: past for history, present for current state, present perfect for ongoing.** "He has had diabetes for 12 years", not "He has diabetes since 12 years".
- ☐ **Articles and plurals are checked: a, an, the, and -s endings.** These are the most common slips in otherwise accurate letters.
- ☐ **Medication and condition names are spelled as in the case notes.** Copy clinical terms carefully; they are given to you.

The final 3 minutes

- ☐ **I have re-read the task and the letter does what it asks.** A letter "for assessment and management" needs both in the request.
- ☐ **Every note I marked essential has been used.** Tick them off on the case notes as a last check.
- ☐ **The patient's name and title are the same and spelled correctly throughout.** Switching between "Mr Hayes" and "Robert" reads as careless.

Want your letter marked against all six criteria?

Exam Hero scores a practice letter in seconds, shows the case-note points you missed and gives you a model answer. Try a Writing task free at oet.examhero.ca/question-bank

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