

**REFERRAL FORM**

Please ✓ the box next to the required Consultant's name in the table below:

Mr Masood Ahmed – Consultant General Surgeon	<input type="checkbox"/>
Mr Brice Antao – Consultant Paediatric Surgeon	<input type="checkbox"/>
Mr Paul Burns – Consultant ENT Surgeon (Adult & Paediatric)	<input type="checkbox"/>
Ms Éilis Fitzgerald – Consultant Plastic, Aesthetic & Reconstructive Surgeon	<input type="checkbox"/>
Mr Hubert Gallagher – Consultant Urologist	<input type="checkbox"/>
Mr Rob Hannon – Consultant General/Laparoscopic/Colorectal Surgeon	<input type="checkbox"/>
Dr Justin Lane – Consultant Anaesthetist & Pain Specialist	<input type="checkbox"/>
Ms Ann O'Connor – Consultant ENT Surgeon (Adult & Paediatric)	<input type="checkbox"/>
Dr Rizwan Uddin – Consultant in General Medicine	<input type="checkbox"/>

<b>Patient Name</b>			
<b>DOB</b>			
<b>Address</b>			
<b>Telephone</b>			
<b>Private Health Insurance</b>	Please circle relevant answer: YES NO		
<b>If Yes, Details of Insurance</b>			

**Presenting Complaint:****History of Presenting Complaint:****Past Medical Hx:**
**Medication:**

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**GP Signature:**
**GP Name/Address (Block Caps):**

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