

**REFERRAL FORM**

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

Mr Brice Antao – Consultant Paediatric Surgeon	<input type="checkbox"/>
Ms Deirdre Fitzgerald – Consultant ENT Surgeon (Adult & Paediatric)	<input type="checkbox"/>
Mr Hubert Gallagher – Consultant Urologist	<input type="checkbox"/>
Dr Oleg Ilyinsky – Consultant Anaesthetist & Pain Management	<input type="checkbox"/>
Dr Robert Kelly – Consultant Cardiologist	<input type="checkbox"/>
Mr Michael A Murphy – Consultant Vascular Surgeon	<input type="checkbox"/>
Mr Jabir Nalaria – Consultant Neurosurgeon	<input type="checkbox"/>
Mr Turlough O'Donnell – Consultant Orthopaedic Surgeon	<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>			

<b><u>Presenting Complaint:</u></b>

<b><u>History of Presenting Complaint:</u></b>

<b><u>Past Medical Hx:</u></b>	<b><u>Medication:</u></b>

<b><u>GP Signature:</u></b>	<b><u>GP Name/Address (Block Caps):</u></b>