

CONSULTANT REFERRAL FORM

TEL: 053 9121918. FAX: 01 2938602

MEDICAL INSURANCE

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

Mr Michael Arthur Murphy - Consultant Vascular & General Surgeon	<input type="checkbox"/>
Mr Turlough O'Donnell - Consultant Orthopaedic Surgeon	<input type="checkbox"/>
Mr Hubert Gallagher - Consultant Urologist	<input type="checkbox"/>
Ms Deirdre Fitzgerald - Consultant ENT & Facial Plastic Surgeon	<input type="checkbox"/>
Dr Robert Kelly - Consultant Cardiologist and Lifestyle Medicine	<input type="checkbox"/>

PATIENT DETAILS

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Address	
Surname			
Forename			
D.O.B.		Tel. No.	
Does patient have Private Health Insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, details of Insurance:			

PRESENTING COMPLAINT

HISTORY OF PRESENTING COMPLAINT

PAST MEDICAL HX

MEDICATION

GP DETAILS

Referring GP Name	GP Signature
Surgery Address	