

CONSULTANT REFERRAL FORM

TEL: 041 9846409. FAX: 01 2938666.

CONSULTANT REFERRAL

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

Mr Paul Burns – Consultant ENT Surgeon (Adult & Paediatric)	<input type="checkbox"/>
Dr Rizwan Uddin – Consultant in General Medicine	<input type="checkbox"/>
Mr Rob Hannon – Consultant General/Laparoscopic/Colorectal Surgeon	<input type="checkbox"/>
Mr Hubert Gallagher – Consultant Urologist	<input type="checkbox"/>
Ms Emma Cashman - Consultant ENT Surgeon (Adult & Paediatric)	<input type="checkbox"/>
Mr Mohamed Amin - Consultant ENT Surgeon	<input type="checkbox"/>
Dr Catherine Sullivan - Consultant Rheumatologist	<input type="checkbox"/>
Mr Kashif Siddiqui - Consultant Urologist	<input type="checkbox"/>
Ms Yasmin Ismail - Consultant Plastic, Reconstructive & Aesthetic Surgeon	<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 HISTORY

MEDICATION

GP DETAILS

Referring GP Name	GP Signature
Surgery Address	