

Referral Template

Referral to Hospital Consultant:	General Practitioner:
	Name:
Directorate	Address:
St James's Hospital, Dublin, Ireland	Telephone:
Secretarial E-Mail:	Email:

Patient Information:	Date of Birth:
Title:	Hospital Medical Record Number:
First Name:	
Surname:	Medical Card Yes/No: GMS number:
Address:	
Telephone:	Private Insurance Yes/No:

Referral Date:

Clinical Information: (complete as relevant):

Service/Procedure Request:

Diagnosis:

Presenting Complaint:

Past Medical History:

Clinical Examination:

Investigations:

Medication:

Risk Factors:

Allergies:

Family History:

Social History:

Comments: