



**CAPPAGH NATIONAL ORTHOPAEDIC
HOSPITAL, FINGLAS, DUBLIN 11.
The Sisters of Mercy**





RF-OPD-1	Out-Patient Referral Form	ISSUE DATE: 09/08/13
REVISION NO: 0		NEXT REVIEW: 08/15

*Affix Addressograph here –
Hospital-use only*

PATIENT DETAILS					
MEDICAL RECORD No			GENDER		
DATE OF BIRTH			MOBILE No		
NAME			HOME No		
STREET			GP NAME		
TOWN			NEXT OF KIN		
COUNTY			FIRST LANGUAGE		
INTREPRETER OR COMMUNICATION ASSISTANCE REQUIRED	YES	NO	WHEELCHAIR ASSISTANCE	YES	NO
	Details:				
REPEAT CNOH PATIENT	YES	NO			

HEALTH INSURANCE DETAILS			
PROVIDER		POLICY No	

REFERRAL INFORMATION			
REFERRAL DATE			
PRIORITY	URGENT	SOON	ROUTINE
REASON FOR REFERRAL/ ANTICIPATED OUTCOME			
SYMPTOMS (including history of presenting complaint and interventions to date)			
EXAMINATION FINDINGS			
RELEVANT TESTS/ INVESTIGATIONS TO DATE			
PAST MEDICAL HISTORY			
CURRENT MEDICATION			
ADVERSE EVENTS/ ALLERGIES			
RELEVANT FAMILY HISTORY			
RELEVANT SOCIAL HISTORY			
HOME CIRCUMSTANCES (i.e. lives alone or with family/spouse, 2 storey/bungalow/flat, what floor, support services involved - Meals on Wheels, Carer, Home Help etc)			
ADDITIONAL RELEVANT INFORMATION (including special needs, disabilities and clinical warnings)			

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MEDICAL HISTORY (check details with patient)			
Asthma/COPD	Y/N	Past Anaesthetic Problems	Y/N
Diabetes	Y/N	Allergies	Y/N
Angina/MI	Y/N	Anti-coagulants	Y/N
CVA	Y/N	HRT/OCP	Y/N
Hypertension	Y/N	Dental Review Required	Y/N
(Additional comments:			

REFERRER DETAILS	
NAME	
ADDRESS	
TELEPHONE NO	
FAX NO	
SIGNATURE OF REFERRER	
DATE	
MEDICAL COUNCIL NUMBER	

FOR HOSPITAL-USE ONLY	
DATE REFERRAL RECEIVED	
DATE SENT FOR CONSULTANT TRIAGE	
CONSULTANT	
MSK TRIAGE REQUIRED (To be completed by consultant)	
DATE RETURNED FROM CONSULTANT TRIAGE	
DATE OF NEW ATTENDANCE	
DATE PATIENT CONTACTED	
MSK CLINIC	
CONSULTANT CLINIC	