



Royal Victoria Eye and Ear Hospital.
Adelaide road,
Dublin 2.

Royal Victoria Eye and Ear Hospital

EAR NOSE AND THROAT REFERRAL FORM

Outpatients Referral: Fax this form to 01 6785462 or post to Outpatients Department. Do not give to patient to hand deliver.

Emergency Referral: Give patient letter of referral to bring to A&E Dept.

- All fields must be filled in.
- Incomplete forms may not be accepted.
- Chronic, non-urgent conditions should be referred directly to the Outpatients Dept.

From:

Name of GP:

Address:

Tel no:

Date of Referral:

Patient Details:

Name:

DOB:

Gender:

Address:

Tel No (home):

Post code:

Tel No (work/mobile):

Medical Card Number:

Interpreter required?

Yes

No

If Yes, First language:

Any special needs? Yes No

If yes please give details:

Health Insurance Company:

Insurance No.

Plan:

Has this patient previously visited this hospital?

Yes

No

Presenting complaint: _____

Duration of symptoms: (Tick box)

Days Weeks Months Years

Medical History: _____

Current Medication: _____

Allergies: _____

PRACTICE STAMP AND M.C.N.

HOSPITAL USE ONLY

ASSESSED BY:

OUTCOME:

Urgent Routine Soon