



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: _____

<i>PRACTICE STAMP AND M.C.N.</i>	<i>HOSPITAL USE ONLY</i>
	ASSESSED BY:
	OUTCOME:
	Urgent Routine Soon