



Hysteroscopy Direct Access Referral

Patient Details:

GP Details:

Name _____

Name _____

Date of Birth _____

Practice _____

Address _____

Address _____

Telephone _____

Telephone _____

Mobile _____

Mobile _____

Priority

URGENT

SOON

ROUTINE

Medical Insurance

VHI

IRISH

LAYA

OTHER

SELFPAY

LIFE

HYSTEROSCOPY INDICATIONS

Postmenopausal Bleeding

Duration of Symptoms _____

Past Medical History _____

Current Medications _____

Is patient on: **Warfarin** **Aspirin** **Plavix** **Xarelto** **Pradaxa**

Is the patient on any other blood thinners? _____

Indication for treatment _____

Is the patient Diabetic? **NO** **YES** | Is the patient on Insulin? **NO** **YES**

Has the patient had **Cardiac Surgery / Valve Surgery**? _____

GP Signature _____

Date _____

ENQUIRIES: daycare.unit@blackrock-clinic.com

PLEASE FAX: 01 206 4532

Please Note: The following patients should be referred directly to the consultant's secretary:

Patients over the age of 75 years | Patients with a significant cardiac history | Diabetic patients on Insulin therapy.