



Blackrock Clinic

# Minor Procedures Direct Access Referral

Appointments: 01 2681915

Fax: 01 2064433

Email: fahyl@blackrock-clinic.com

## Patient details:

## Referring Physician details:

Name \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Medical Insurance

VHI

AVIVA

LAYA

GLO HEALTH

GARDA

ESB

SELF PAYER

OTHER

Membership Number

Presenting Complaint \_\_\_\_\_

Duration and History of Lesion \_\_\_\_\_

Location of Lesion \_\_\_\_\_ Size of Lesion \_\_\_\_\_

ANY CHANGES IN:

APPEARANCE  Yes  No

BLEEDING  Yes  No

PAIN  Yes  No

MEDICAL AND SURGICAL HISTORY INCLUDING ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS

Is the patient on: Warfarin  Aspirin  Plavix  Pradaxa  Other

If on Warfarin, have INR done prior to procedure.

Is the patient Diabetic? Type 1  Type 2

*Not all patients are suitable for direct referral minor surgical procedures. If in doubt please contact our minor procedures unit for advice on 01-2681915 for advice. It is important to inform your patient that not all lesions may need surgical removal on the day of the appointment, and that in some rare instances following a review of the lesion by the Consultant it may be in the patient's best interests not to have the procedure carried out.*

Referring Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_