



SPORTS SURGERY CLINIC  
DUBLIN

Sports Surgery Clinic  
Santry Demesne  
Dublin 9

## Request Form: Physiotherapy

Tel +353.1.5262040  
Fax +353.1.5262041  
Web [www.sportsurgeryclinic.com](http://www.sportsurgeryclinic.com)

Please complete all sections of this request form. Signed forms can be faxed or posted

Physiotherapy 353.1.5262040 / [physiotherapy@sportsurgeryclinic.com](mailto:physiotherapy@sportsurgeryclinic.com)

### Patients Details

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_ Patient arrival: Trolley  Wheelchair   
Walking   
Other

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_ Funding: Self Funding

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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### Referral Information

Reason for referral:

\_\_\_\_\_

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### Relevant previous medical history

Details (including any surgery and current medication):

\_\_\_\_\_

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### Safety check

Any possible contra indications? Yes  No

If yes, please specify:

Could the patient be pregnant? Yes  No

Is the patient breast feeding? Yes  No

Does the patient have any allergies? Yes  No

If yes, please specify:

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### Referring Clinician's details

Referring Physicians Name:

Telephone:

Fax:

Signature:

Hospital (if applicable):

Address:

Email:

Date: