

SPECIALIST REFERRAL

Dr Stuart O'Flanagan

Consultant in Sports & Exercise Medicine

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REFERRAL DETAILS

DATE

URGENCY

routine · soon · urgent

PREFERRED REPLY

email / Healthlink / post

REFERRING CLINICIAN

NAME

ROLE / SPECIALTY

REGISTRATION NO.
MCRN / CORU / other

PRACTICE / CLINIC

EMAIL

PHONE

PRACTICE ADDRESS

PATIENT

FULL NAME

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

HEALTH INSURER

VHI / Laya / Irish Life / self-pay

POLICY / MEMBERSHIP NO.

SPORT / ACTIVITY PROFILE

optional — helpful for context

CLINICAL SUMMARY

PRESENTING COMPLAINT
site, nature, duration, mechanism

HISTORY & EXAMINATION

PAST MEDICAL HISTORY

MEDICATIONS & ALLERGIES

INVESTIGATIONS TO DATE
imaging, bloods, injections, physio

WORKING DIAGNOSIS / DIFFERENTIAL

SPECIFIC QUESTION FOR DR O'FLANAGAN

SIGNATURE

DATE

I confirm the patient consents to this referral and to the sharing of their clinical information with Dr O'Flanagan for the purpose of specialist assessment.