# MEDICAL ASSESSMENT / RAPID ACCESS UNIT

BON SECOURS HOSPITAL
Glasnevin, Dublin 9
*Modern Healthcare, Traditional Values*

*(All fields must be completed)*
Please fax completed form to **01 8065405**

## REFERRER DETAILS

Name: _____

Address: _____

_____

Tel: _____ Fax: _____

Email: _____

## PATIENT DETAILS

Name: _____

Address: _____

_____

Tel: _____ Mobile no: _____

DOB: _____

Private Health Insurance Yes O No O

*Please advise your patient that there are charges to attend the Medical Assessment Unit*

Refer to: Medical Assessment Unit O Rapid Access O

Category of Referral: Urgent O Early O

## PRESENTING COMPLAINT

## MEDICAL AND SURGICAL HISTORY (Incl. Allergies)

## COMMENTS / INVESTIGATION REQUESTS

## RECENT LAB RESULTS OR OTHER RELEVANT TEST RESULTS

## CURRENT MEDICATIONS

**Referring Doctor's Signature** _____ Date: _____

Ref: 131109 Date: 15/3/2013

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Glasnevin, Dublin 7
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MEDICAL ASSESSMENT /RAPID ACCESS UNIT:
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