

# Psychology & Medical Support Clinic

## Referrals

T: 01 662 9100 | E: [aisling.donnelly@materprivate.ie](mailto:aisling.donnelly@materprivate.ie)

Cognitive behavioural therapy & psychology interventions for patients presenting with Medically Unexplained Symptoms such as fibromyalgia, irritable bowel syndrome.

Please make a copy of this form for your own patient records and send the referral form via email [aisling.donnelly@materprivate.ie](mailto:aisling.donnelly@materprivate.ie) or post Psychology & Medical Support Clinic, 16 Upper Pembroke St, Dublin 2

## CONFIDENTIALITY STATEMENT

All patient information is held in the strictest confidence and only shared amongst clinical personnel with whom the patient has given consent to do so.

### PERSONAL INFORMATION

Date of Referral:

Name of individual referred:

D.O.B.:

Age:

Address:

Private Medical Insurance Provider and Number:

Sex: Male  Female

Contact Number(s):

Next of Kin:

Next of Kin Contact Number:

Next of Kin Address:

Relationship to person referred:

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Referrer:

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Surgical/Medical Specialty:

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Address of Referrer:

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Contact Email:

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Contact Telephone:

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Please give details about your reason for referral:

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Please provide details about treatment and input being sought:

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Treatment to date:

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Completed investigations:

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Imaging results:

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Blood analysis results:

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**Please attach any radiological or other reports which may inform treatment of the patient.**