



 *client details*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

 *next of kin / emergency contact*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

 *gp details*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

 *referral details*

Reason for referral:  
\_\_\_\_\_  
\_\_\_\_\_

What service do you think would be best suited to your / the client's needs ?

- Standard Physiotherapy Assessment & Treatment     Bridge the Gap Programme     Exercise Classes - please specify:

Do you / they want a home visit or a clinic based appointment:     Home Visit     Clinic Visit

History of Presenting Complaint:  
\_\_\_\_\_  
\_\_\_\_\_

Past Medical History:  
\_\_\_\_\_  
\_\_\_\_\_

Epilepsy:     Yes     No

Seizures:     Yes     No    If yes please give details of type & frequency:

Current Medication:  
\_\_\_\_\_  
\_\_\_\_\_



 details of other health care professionals / services involved in care

Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

 social history

Living Situation: \_\_\_\_\_  
\_\_\_\_\_

Family Support: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

 any other relevant information

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

 referral signature & contact details

Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date: \_\_\_\_\_  
Email: \_\_\_\_\_

Has the referral been discussed with the client and are they in agreement ?  Yes  No

Have they given permission for the physiotherapist to contact them directly ?  Yes  No

Does the physiotherapist have consent to share information with other services in relation to their care (i.e provide and receive information on their behalf) ?  Yes  No



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Completed forms can be e-mailed to: [info@maireadmcdaidphysio.com](mailto:info@maireadmcdaidphysio.com) or returned to: Coolaw, Taghmon, Co. Wexford