Rapid Access Clinic
Medicine for the Older Person
Ph: 01 657 9041 Fax: 01 657 9035
Email: medical@chartermedical.ie
www.chartermedical.ie

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Patient Summary Name (Official): DOB:

Address:

Contact for appointments: Number: Name:

Hospital Catchment Area / MRN (if known): Mater ☐ Beaumont ☐ MRN

Doctor Contact details:

Referral Priority Urgent ☐ Soon ☐ Routine ☐

Reason for Referral

History of presenting complaint:

Clinical signs / symptoms:

Background History:

Has patient documented weight loss? Yes ☐ No ☐

Medication

Please attach a full up to date prescription list:

Reports / Admissions

Has patient had recent radiology / scans?
Yes ☐ No ☐
(If yes, please attach copies)

Has patient been in A&E / admitted to Hospital in the last 2 years?
Yes ☐ No ☐
(If yes, please attach summaries)

Has patient attended or is patient due to attend any geriatrician(s) / geriatric services?
Yes ☐ No ☐
(If yes, please provide details)

Referrals must be received and triaged before patients can be offered an appointment.
Please fax to: 01 657 9035
Or post to Rapid Access Clinic, Charter Medical Group, Smithfield Market, Dublin 7.