

The  
**Hand Therapy**  
Clinic



**29 Westland Square,  
Dublin D02 W135**

**Email: [info@thehandtherapyclinic.ie](mailto:info@thehandtherapyclinic.ie)**

**Tel: 089 606 7238**

## Referral Form

### Patient Details:

- ▶ Patient Name:
- ▶ DOB:
- ▶ Patient Tel No.
- ▶ Patient Email:

### Presenting Condition

- ▶ Diagnosis (pls include date & mechanism of injury where relevant):
  
- ▶ Surgery/Interventions to date:
  
- ▶ Medication:
  
- ▶ Reason for Referral:

Please email the completed referral form with any attachments for relevant operation notes, imaging, or reports to: [info@thehandtherapyclinic.ie](mailto:info@thehandtherapyclinic.ie)

With thanks,

The Hand Therapy Clinic