

GP Referral Form

Post to:

Dr. Elma Hedderman

PO Box 12817

Dublin 16

This form should be completed and signed by your GP. It should be posted to Dr. Hedderman in advance of consultation or assessment.

Name of Young person:

Address

DOB: _____

Name of parent/carer

Contact details for parent/carer:

GP Referral Form

Reason for referral:

What interventions have been tried so far?

What is the family composition?

Is the young person attending any other service for help?

GP Referral Form

Is the young person taking any medications?

Is there any relevant past medical/psychiatric history?

Briefly describe this young person's Mental state:

Referrer information:

Name

Address:

Contact details

I understand that I continue to have clinical responsibility for this young person until he/she is seen by Dr Hedderman

Signed: _____

Date: _____