Centre for Mindfulness & Integrated Health

HEALTH CARE PROFESSIONAL REFERRAL FORM

Referrer's Name & Professional Role:

Date of referral:

Referral for :

- 8 week Mindfulness Based Stress Reduction Course
- Mindfulness Individual Consultation

For the attention of:

- ✓ Dr Paula Martin
- ✓ Dr Ming Rawat
- ✓ Dr Paddy Gowen

CLIENT DETAILS

Name:

Date of Birth:

Address:

Email address:

Phone Number:

The client is aware of this referral : yes ☐ / no ☐

Reason for Referral:

Past Medical History:

(please include any Psychiatric history)

Previous experience of mindfulness? Yes ☐ / no ☐

English speaker : yes ☐ / no ☐

List of Medications:

Is the client current attending a Mental Healthcare Provider or receiving Psychological Intervention ? Please specifiy

Is the Client self funding or receiving financial assistance : Please specifiy

PLEASE RETURN THIS FORM BY POST TO:

Dr Paula Martin,
Sligo Clinic,
Upper Pearse Rd,
Sligo Town.
*please note Dr Martin is receiving referrals from Jan 15th 2016

Dr Paddy Gowen and Dr Ming Rawat
24 Lower Baggot Street
Dublin 2