Healthcare Professional Referral Form

Referrer's Name

Referrer's Professional Role

Date of Referral

Referral for

- [ ] 8 week Mindfulness Based Stress Reduction Course
- [ ] Individual Mindfulness Sessions
- [ ] Beo's Integrated Health Clinic including Women's Health Clinic

Client Details:

Name

Date of Birth

Address

Phone Number

Email Address

Past Medical History:
(please include any Medical, surgical & Psychiatric history)

Previous experience of mindfulness meditation?

☐ Yes ☐ No

English Speaker?

☐ Yes ☐ No

List of Medications

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

Does your client have a medical card or Private Health Insurance : (please specify)

☐ Medical Card ☐ Private Health Insurance

Many thanks for your referral, Beo's team will be in touch with your client to arrange an appointment.

Kindly,
Dr Paula Martin
Beo Centre for Mindfulness & Integrated Health
Murrow House,
Teeling St,
Sligo Town

Please email this referral form to Dr Paula Martin via secure healthmail - paula.martin@healthmail.ie