**Please e-mail completed form to** [**exwellmedical@healthmail.ie**](mailto:exwellmedical@healthmail.ie)

**The ExWell Medical team will then contact the patient to arrange an induction/assessment session.**

|  |  |  |
| --- | --- | --- |
| **PATIENT DETAILS** | | |
| NAME |  | |
| LAST 4 DIGITS OF PPSN: |  | |
| **Patient or family email address:** |  | |
| ADDRESS |  | |
| DATE OF BIRTH: | Mob: | Land: |
| **MEDICAL CARER DETAILS** | | |
| **CONSULTANT NAME** |  | |
| HOSPITAL / CLINIC |  | |
| CONTACTS | Tel: | email: |
|  | | |
| **GP NAME** |  | |
| ADDRESS |  | |
| CONTACTS | Tel: | Healthmail/email: |
| **MEDICAL DETAILS** | | |
| MAIN DIAGNOSIS |  | |
| STAGING (IF CANCER) |  | |
| CO-MORBIDITIES |  |  |
| MEDICATIONS |  |  |
| COMMENTS |  | |

**SIGNED: DATE:**

**Contact Tel: Contact Email:**