CONFIDENTIAL PRACTICE INTAKE FORM FOR THE OFFICE OF PROFESSOR CATHAL MORAN

PERSONAL DETAILS			
NAME			
ADDRESS			
E-MAIL ADDRESS			
DOB	DD/MM/YYYY	CONTACT NUMBER	
NEXT OF KIN DETAILS			
NEXT OF KIN NAME			
NEXT OF KIN CONTACT NUMBER			
RELATIONSHIP TO PATIENT (PARENT/SPOUSE/ETC.)			

MEDICAL INSURANCE DETAILS		
DO YOU HAVE PRIVATE MEDICAL INSURANCE?	YES ☐	NO ☐
IF YES PLEASE PROVIDE NAME, PLAN & POLICY NO. BELOW		
NAME OF INSURANCE PROVIDER		
NAME OF PLAN		
POLICY NUMBER		
DATE POLICY FIRST COMMENCED	DD/MM/YYYY	
HAVE YOU COMPLETED YOUR WAITING PERIOD	YES ☐	NO ☐
DURATION OF POLICY	APPROX. NUMBER OF YEARS	
HAVE YOU HAD CONTINUED COVER WITH ANOTHER INSURANCE PROVIDER	YES ☐	NO ☐
IF YES PLEASE PROVIDE NAME OF PREVIOUS PROVIDER & DATE THAT POLICY ENDED		
CLUB INSURANCE DETAILS (FOR ATHLETES WHOSE COSTS ARE BEING COVERED BY THEIR CLUB)		
NAME OF CLUB		
NAME OF CLUB SECRETARY OR TREASURER		
CONTACT EMAIL ADDRESS		
CONTACT NUMBER		

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MEDICAL HISTORY DETAILS			
NAME			
OCCUPATION		AGE	
TODAY'S CONSULTATION RELATES TO			
RIGHT KNEE ☐	LEFT KNEE ☐	RIGHT SHOULDER ☐	LEFT SHOULDER ☐
WHEN DID THIS PROBLEM START?	DD/MM/YYYY		
IS THE PROBLEM A RESULT OF	A SPORTS INJURY ☐	A WORKPLACE INJURY ☐	AN ACCIDENT ☐
IS THERE A MEDICO-LEGAL CASE ONGOING OR PLANNED?		YES ☐	NO ☐

WHAT HAVE YOU DONE FOR THIS PROBLEM TO DATE?	
MEDICINE	
PHYSICAL THERAPY	
INJECTIONS / SURGERY	

MEDICAL/SURGICAL HISTORY	
PAST / CURRENT MEDICAL CONDITIONS	
PREVIOUS SURGERY	
ARE YOU A DIABETIC?	YES ☐ NO ☐ INSULIN ☐ NON-INSULIN ☐
ALLERGIES?	YES ☐ IF YES PLEASE LIST BELOW NO ☐
LIST OF ALLERGIES	
LIST CURRENT MEDICATIONS	
DO YOU TAKE ANY OF THE FOLLOWING?	WARAFIN ☐ PLAVIX ☐ ASPIRIN ☐ HRT ☐ CONTRACEPTIVE PILL ☐

GP & PHYSIOTHERAPIST DETAILS	
GP NAME & FULL ADDRESS	
PHYSIO NAME & FULL ADDRESS	
REFERRING DOCTOR/PHYSIO NAME & FULL ADDRESS	

SSC
SPORTS SURGERY CLINIC
Sports Medicine, Orthopaedic & Specialist Services

GALWAYCLINIC