



Referral Form

Active & Healthy Ageing Falls Prevention & Assessment Clinic

(Please circle/tick relevant clinic client being referred to)

Ballyshannon Tel:0719851300 Fax:0719851291	Ramelton Tel:0749151049 Fax:0749151091	Dungloe Tel :0749521044 Fax:0749521862	Carndonagh Tel:0749374164 Fax:0749373061	Killybegs Tel :0749732044 Fax:0749732020
St Josephs Tel:0749189719 Fax:07489762	Donegal Town Tel:0749740689 Fax:0749723279			

Clients Name _____ PCN _____

Contact No _____ Location _____

DOB _____ Telephone No _____

Address _____

Next of Kin / Carer _____ Phone No _____

Details of Other services provided e.g. home help:

Level 1 Screening

Did person present with a fall: Yes No

Date of fall _____

1. Falls History
 - No of falls in the last year? _____
 - How did they fall? _____
2. Have they a fear of falling? _____
3. Have they problems with walking or balance? _____

Consent has been obtained to refer and share information: Yes No

Schedule for Clinic Appointment: Yes No

Appointment Date and Time: _____

Referred by: _____ Received by: _____