**IDD Therapy Disc Clinics**, S2 Allen House, The Maltings,

Station Road, Sawbridgeworth, Hertfordshire, CM21 9JX

t: 0345 625 2566 e: info@iddtherapy.co.uk

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| To locate an IDD Therapy treatment provider go to: **www.iddtherapy.co.uk/clinic-finder** |

**Referral Form Date:**

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| **PATIENT** |  | **IDD THERAPY PROVIDER** |
| Name |  |  | Clinic |  |
| Gender |  |  | Town |  |
| Address |  |  | Tel |  |
|  |  |  |  |  |
| Town |  | Postcode |  |  |  |  |
| Tel |  |  |  |  |
| Email |  |  |  |  |

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| **PATHOLOGY** |
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| **PREVIOUS TREATMENTS** |
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| **MRI SCAN YES/NO?** |   | **MRI < 6 MONTHS OLD YES/ NO?**  |  |

(Please attach MRI report summary if you have it)

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| **ADDITIONAL COMMENTS** |
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| **REFERRING CLINICIAN** |
| Name |  | Profession |  |
| Clinic |  |
| Address |  |
| Town |  | Postcode |  |
| Phone |  |
| Email |  |
| Signature |  |

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| ***IDD THERAPY PROVIDER USE ONLY*** |
| Received By |  | Acknowledged By |  |
| Date |  | Date |  |

*s:iddtherapy/referral form 01012016* Print forms: **www.iddtherapy.co.uk/referral**