

Seamus Toomey BSc, MISCP

Chartered Physiotherapist

The Sports Hall
Blackrock College
Blackrock
Co Dublin
Tel 01 2888 681
Email:physio@blackrockcollege.com

Dear Parent /Guardian,

I am delighted to be part of the Blackrock College team. Providing access to a Chartered Physiotherapist on campus places the facilities within the college on par with other leading educational facilities throughout the world and should ensure timely treatment with reduced burden.

Access to physiotherapy treatment (or any other type of treatment) requires parental/guardian consent for those younger than sixteen.

Initial physiotherapy contact with any client involves an assessment to determine the cause and degree of the presenting complaint. Assessment includes taking a history and putting the injured part through a series of movements and tests to confirm or eliminate possible cause. Very occasionally assessment may result in the short term provocation of signs and symptoms.

You are asked to indicate your permission for your son to undergo a physiotherapy assessment and to provide a contact number where a Parent / Guardian will be available to discuss your son's treatment plan at the time of your sons appointment.

I give permission for (enter boys name) _____ to be assessed by Seamus Toomey with a view to treatment

Parental/Guardian Signature _____ Date _____

Contact no _____

Please do not hesitate to contact me if you have any questions regarding the above

Regards,

Seamus Toomey MISCP

Seamus Toomey BSc, MISC

Chartered Physiotherapist

Ground Floor

The Sports Hall

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Blackrock

Co Dublin

Tel 01 288 8681

Email stoomey@blackrockcollege.com

Covid-19 Physiotherapy Questionnaire

If you answer Yes to any of these questions please contact me on 01 288 8681 as your appointment may need to be rescheduled.

	Yes	No
Have you had a positive test for COVID-19 in the past 2 weeks prior to your appointment date?		
Are you awaiting a test/test results for COVID-19?		
Have you had any contact with a confirmed/suspected case of COVID-19 in the 2 weeks prior to your appointment?		
Have you been to another country in the past 2 weeks prior to your appointment date?		
Have you had any of the following symptoms in the past 2 weeks prior to your appointment date?		
• Fever, flu like symptoms		
• Difficulty breathing		
• Sudden loss of smell or taste		
• Cough		

- Please attend at the exact time specified for your appointment
- Please bring this completed questionnaire with you

Patient signature _____ Date of Birth _____

Parent/Guardian signature _____ Phone No _____

Date and time _____