

**Please give this form  
to your patient**

Name and Address of Referrer:-

Date of referral:-

Presenting Complaint:-

Provisional Diagnosis:-

Result of any Investigations:-

Please tick box beside Practitioner required:-

**Osteopathy**

- Robert Blackburn DO  
 Agnes King BA, DO  
 Alexandra Probert BSc (Hons) Ost

**Physiotherapy**

- Tim Holt Grad Dip Phys, Dip Sports Phys, Lic Ac, MCSP  
 Kay Holt BSc Hons, Grand Dip Phys, MCSP  
 Stephen Heptinstall MSc, Grad Dip Phys, MCSP

**Neurophysiotherapy**

- Ellen Green MSc

**Musculo-Skeletal Physician**

- Dr. T.C. Barling Dip MS Med

**Podiatry**

- Stephanie Owen MSc, PGCert, BSc(Hons)

**Acupuncture**

- Dr Bridget Scott BM, BcH, Lic Ac

**Remedial Massage**

- Alicia Maes

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**Patient Information**

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Hereford,  
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Fax: 01432 273549

enquiries@kyrlehouse  
FAQs : [www.kyrlehouse.co.uk](http://www.kyrlehouse.co.uk)

Parking is available for the duration of your appointment

