

If you are not getting better or have any concerns, please call:

(021) 4935340

What can you do if you can't get through?

- The telephone line can get busy.
- If the line is busy, the Physiotherapist is on the phone with someone else.
- You can keep calling.
- We do not check voicemails.

The number to call is:

(021) 4935340.

You can **phone**:

- Monday (excluding Bank Holiday) 8.30am-10.00am
- Wednesday 1 30pm to 3pm
- Friday 8.30am – 10.00am

You have **2 weeks** from the day you were seen in the Emergency Department to phone.

If you do not phone within 2 weeks, you will be discharged.



Information for patients

MERCY UNIVERSITY HOSPITAL, CORK CLG

Grenville Place, Cork, T12 WE28, Ireland.
Tel: +353 (21) 4271971 Fax: +353 (21) 4276341

www.muh.ie @MercyCork

What is Telephone triage?

A telephone service that gives you advice on sprains and strains (over the phone) after you have attended the emergency department.

When can you phone the service?

- Monday (excluding Bank Holidays) 8.30am-10.00am
- Wednesday 1 30pm to 3pm
- Friday 8.30am – 10.00am

The number to call is:
(021) 4935340

You have **2 weeks** from the day you were seen in the Emergency Department to call.

If you do not phone within 2 weeks, you will be discharged.

Who will you speak to?

A Senior Physiotherapist.

How long will the telephone call take?

Approximately 20 minutes.

What will happen when you phone?

You will be asked some questions about your problem. We will then decide how best we can help.

What happens after the initial phone call?

There are three options:

- 1** You may receive some information over the phone and in the post. We may suggest you phone back at a time that suits.
- 2.** You may prefer to see a physiotherapist in the physiotherapy department. We can arrange an appointment.
- 3.** We may decide that physiotherapy will not help. We may suggest you talk to your GP or the consultant.

The Emergency Department

Physiotherapy Referral

/ / 202

Physiotherapy Telephone Triage

Dear Colleague

Regarding (Date of birth: / /)

The above-named presented to this department on / / 201

Reason.....

Diagnosis/es:

- | | | | | | |
|---------------|--------------------------|---------------|--------------------------|------------|--------------------------|
| Neck Pain | <input type="checkbox"/> | Ankle Pain | <input type="checkbox"/> | Wrist Pain | <input type="checkbox"/> |
| Low Back Pain | <input type="checkbox"/> | Foot Pain | <input type="checkbox"/> | Hand Pain | <input type="checkbox"/> |
| Hip Pain | <input type="checkbox"/> | Shoulder Pain | <input type="checkbox"/> | | |
| Knee Pain | <input type="checkbox"/> | Elbow Pain | <input type="checkbox"/> | | |

Investigation/s:

Management:

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Follow-up arrangements: (a) at your discretion.
(b) Review Clinic / GP / Fracture Clinic

Signed:

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Consultant / Registrar / Senior House Officer in Emergency Medicine
/ Advanced Nurse Practitioner