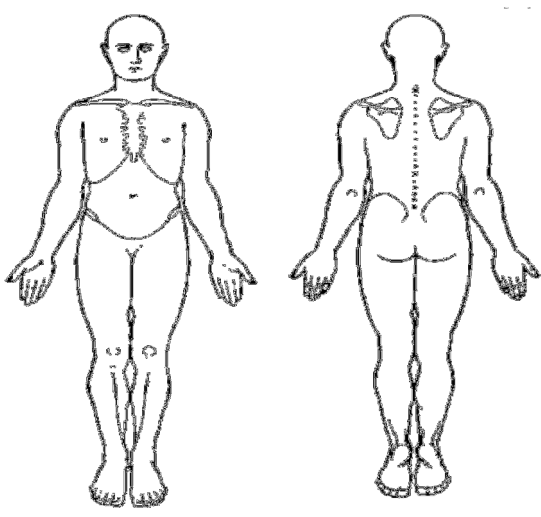


MSK REFERRAL FORM

PLEASE NOTE: Patients with symptoms of cauda equina compromise should go for acute orthopaedic admission agreed over the phone and NOT the Spine Service. This referral form EXCLUDES referrals for fracture clinic, urgent A&E referrals and suspected cancer 2WW

| | | | | | | | | |
|---|--------------------------|--------------------------------------|--------------------------|--|---------------------------|--------------------------|---------------|--------------------------|
| Referral Date | | NHS No | | BMI | | Gender | | |
| Urgent referral | <input type="checkbox"/> | If urgent please state reason | | | | | | |
| Patient Full Name | | | | DOB | | Referring GP Name | | |
| Registered GP Practice | | | | | | | | |
| Patient Address | | | | | | | | |
| E-mail | | | | Pref. Tel. | | | | |
| Contact Number | | | | | Consent to leave message? | <input type="checkbox"/> | | |
| Ambulance transport? | <input type="checkbox"/> | Details | | | | | | |
| Occupation | | | Interpreter Required? | <input type="checkbox"/> | Which language? | | | |
| Patient OFF WORK due to condition? | <input type="checkbox"/> | If yes, how long for? | | | | | Armed forces? | |
| ANATOMICAL SITE: | Knee | <input type="checkbox"/> | Hip | <input type="checkbox"/> | Hand&Wrist | <input type="checkbox"/> | Foot&Ankle | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | Pain | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | Spine | |
| Shoulder&Elbow | <input type="checkbox"/> | Rheumatology | <input type="checkbox"/> | If requesting DIRECT ACCESS PHYSIO please tick this box | | | | <input type="checkbox"/> |
| Please give a brief history <u>and</u> reason for referral (date of onset, comorbidities etc.) Please note that PMH and medications will auto-populate from your clinical system into the bottom of this form. | | | | SYMPTOM DISTRIBUTION (Please mark on chart or drag and drop the symbols) PAIN: × × × NUMBNESS: ● ● ● PINS & NEEDLES: ▲ ▲ ▲ SWELLING: ■ ■ ■ | | | | |
| | | | | Optional  | | | | |
| Previous treatment: (Successful or not including physiotherapy, osteopathy etc.) | | | | Previous investigation: (Please attach reports) | | | | |
| | | | | | | | | |

MSK REFERRAL FORM

Any Red Flags? Please list in the blank box below:

| | | |
|--|---|-------------------------|
| Please note that Red Flags include: | Immunosuppressed (other than steroids) | Hx of serious pathology |
| Unexplained weight loss (> 10% body weight in last 3-6/12) | Severe, unremitting night pain | Gait disturbance |
| Progressive weakness and/or sensory loss | Rapidly worsening neurological symptoms | Hx of systemic illness |

Additional details:

Medication

Medical History (Active Significant, Active Minor, Past Significant)

Allergies