

MSK / RHEUMATOLOGY / PAIN PATIENT 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. Also not for anyone aged below 16 years.

NB: Red Flags: 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, Rapidly worsening neurological symptoms, Hx of systemic illness.

<u>Patient's details</u>	<input type="checkbox"/> Armed Forces
Name:	<input type="checkbox"/> Interpreter Language
DOB:	<input type="checkbox"/> Consent to leave message
Address:	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine
Mobile Tel:	Home Tel:
Email address:	NHS No:

Preferred physiotherapy provider:

Preferred provider if surgery required:

Referrer's Details:

Name:
Position:
Address:
Tel:

Fax No:

E-mail:

Anatomical Site:	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Knee	<input type="checkbox"/> Hand/wrist	<input type="checkbox"/> Rheumatology
	<input type="checkbox"/> Hip	<input type="checkbox"/> Foot/ankle	<input type="checkbox"/> Spine	<input type="checkbox"/> Pain
	<input type="checkbox"/> Shoulder/elbow			

Duration of Symptoms: < 6/52 6/52 – 3/12 3/12-12/12 12/12⁺

Off Work due to problem How long? _____ Disturbed Sleep Carer

Provisional / confirmed diagnosis:

Desired outcome from referral:

PRESENTING COMPLAINT & HISTORY (including any inflammatory signs or potential Red Flags):

EXAMINATION FINDINGS

TREATMENT ALREADY TRIED AND OUTCOME:

PAST MEDICAL HISTORY (i.e. Active Significant, Active Minor, Past Significant)

CURRENT MEDICATIONS (List or attach list)

RELEVANT INVESTIGATION RESULTS: (attach report)