**\*To ensure your patient is treated quickly and efficiently please complete all sections on this page \***

**Tick as appropriate \***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Foot & Ankle** |  |  | **Lower Limb** |  |  | **Cervical and Thoracic** |  |  | **Upper Limb** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Name and Designation** | Please Complete | | | | **Referrer’s Location** | | Please Complete |
| **Date of Referral** | Please Complete | | | | **Referrer’s Tel Number** | | Please Complete |
| **GP Practice** | Please Complete | | | | **GP Practice Contact** | | Telephone or email |
|  | | | | | | | |
| **Patient Name** | | Please Complete | | | | | |
| **Patient Address** | | Please Complete. | | | | | |
| **Tel Number** | | Landline | | | **Mobile Number** | | Mobile |
| **Date of Birth** | | DOB | | | **NHS Number** | | NHS Number |
| **If likely not medically fit for surgery, please advise of anticipated management** | | | | | | | Please Complete |
| **BMI** | | Please Complete | | | **Choice of Ortho**  **Provider**  **FOR ALL REFERRALS** | | Location |
| **BP (within last 12 months)** | | Please Complete | | | **Smoking Status** | | Please Select |
| **X-ray requested**  **FOR HIP & KNEE REFERRALS** | | Please Select | | | **Is the patient taking anti-coagulant medication?** | | Please Select |
| **Clinical History (Subjective Assessment)**  Please Complete | | | | | **Examination Findings (Objective Assessment)**  Please Complete | | |
| **Working Diagnosis:** Please Complete | | | | | | | |
| **Management to date:** | | | | | | | |
| Physiotherapy | | | Injection  Specify Location. | | | | Podiatry |
| **Past medical history:**  Please Complete. | | | | | | | |
| **Drug history:**  Please Complete. | | | | | | | |
| **Social history:**  Please Complete. | | | | | | | |
| **Does the patient require an interpreter?** | | | | Please Select. | | Please Specify Language Required. | |

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| The MSK service offers multi-skilled assessment, diagnosis and treatment of peripheral joint and soft tissue conditions and cares for patients with complex underlying conditions through diagnostic imaging and investigations, injection therapy, aspiration, biomechanical assessment, as well as offering rehabilitation advice and providing orthotics.  **REFERRAL CRITEREA**  Patients who have an uncertain **single** joint condition that requires further assessment or investigation.  Services include:   * + Upper Limb – Shoulder, Elbow or Hand   + Lower Limb     - Degenerative Hip and Knee     - Acute Knee Clinic     - Foot and Ankle   + Cervical/Thoracic (Lumbar spine pain if exempt from Triage and Treat pathway)   + Foot and Ankle – Biomechanics |
| **EXCLUSIONS**   * Patients under the age of 18 years * Patients who are not available for treatment within 18 weeks. * Patients who are under already under investigation in secondary care for the same complaint. * Non-investigated peripheral vascular disease * Patients who are being referred under the 2 week rule, suspected malignancy * Complex, medically unwell patients * Inflammatory Arthropathies/Conditions * Underlying Neurological conditions * Fractures/Suspected Fractures * Referrals for biomechanics for 5 to >18 years should be directed to MSK Podiatry and for the under 5’s to the Children’s Development Unit * Spinal congenital deformity * Ulcers (refer to vascular surgery) * Diabetics to be referred to diabetic foot clinic * LBP except for patients from GP practices exempt from the Triage and Treat Pathway due to the location. * Hand skin cancers, hand burns * Ganglion * Acute - suspected / diagnosed flexor or extensor tendon rupture * Neuropathy opinion regarding past surgical intervention * Dupytrens Contracture |