**Haringey & Islington Musculoskeletal Service (H&I MSK) provides a single point of access for all patients presenting with MSK pain**

**Please note: When referring into the MSK Single Point of Access you must book into one of the following on e-RS:**

**MSK TRIAGE SERVICE (MSK CATS)**

**MSK TRIAGE SERVICE (MSK Physiotherapy)**

**MSK TRIAGE SERVICE (MSK Podiatry)**

**MSK TRIAGE SERVICE (Orthopaedic) Whittington Hospital - RKE**

**MSK TRIAGE SERVICE (Pain Management) Whittington Hospital - RKE**

**MSK TRIAGE SERVICE (Rheumatology) Whittington Hospital – RKE**

**Patients can still choose to be seen by a different secondary care provider (selected below)**

If you have queries, please contact MSK via email address: msk.haringey-islington@nhs.net or telephone 0207 288 3317

|  |  |
| --- | --- |
| **Patient** | **Referrer** |
| Name | Full Name(inc. middle)  | Name | Current User  |
| Address | Home Full Address (stacked)  | Practice Name | Organisation Name  |
| Telephone | Patient Home Telephone  | Practice Address | Organisation Full Address (stacked)  |
| Mobile | Patient Mobile Telephone  | GP Practice code | Organisation National Practice Code  |
| Date of Birth | Date of Birth  | Telephone | Organisation Telephone Number  |
| NHS Number | NHS Number  | Fax | Organisation Fax Number  |
| Gender | Gender(full)  | Email (NHS) | Organisation E-mail Address       |
| Email | Patient E-mail Address       |  |  |
| Ethnicity | Ethnic Origin  | Date of this referral | Short date letter merged  |

|  |  |  |
| --- | --- | --- |
| **Referral Details** | **Tick the most appropriate discipline or indicate in free text box if unsure** | **Click if applies** |
| **MSK Physiotherapy** | 1:1 physiotherapy/Group Education first/ Community Chronic Pain Programme. Onward referral to Advanced Physiotherapy Practitioners to transfer care directly where necessary |  MSK PHYSIO [ ]  |
| **MSK Podiatry** | Plantarfasciitis, Achilles tendonitis, limb length discrepancy, neuromas, hallux and valgus and limitus, posterior tendon dysfunction, in toeing, pes planus and pes cavus and planus foot types | MSK POD [ ]  |
| **MSK COMPLEX****Includes:****MSK CATS, Orthopaedics,** **Spinal ,****Complex Pain management,****Rheumatology** | All referrals into MSK COMPLEX will be triaged by Advanced Physiotherapy Practitioners (with Consultant oversight) to ensure the patient is seen in the right service.MSK CATS = MSK Clinical Assessment & Treatment Service includes the option to refer for investigations and deliver injections as appropriate as well as assessment of specialist need and directing as needed e.g. for orthopaedic surgery opinion, pain management, routine rheumatology | MSK CATS [ ]  ORTHO [ ] SPINAL [ ] PAIN [ ]  RHEUM [ ]  |
| **INFLAMATORY ARTHRITIS SERVICE** | This is an *Urgent* service for cases of suspected persistent synovitis with no clear cause. **Referral criteria: both required**1. Persistent signs of joint inflammation of unknown cause 2. Clinically evident inflammation affecting 2 joints or more  | INFLAM ARTHRITISC1. [ ] C2. [ ]  |
|  | **Referral criteria: at least one required** 3. Involvement of MCP and / or MTP joints 1. Early morning stiffness >30 minutes
2. Raised inflammatory markers (ESR or CRP)
 | C3. [ ] C4. [ ]  C5. [ ]   |
| **Suspected Giant Cell Arteritis** | **Note:** Patients should be sent to the ambulatory care centre at WH  | [ ]  N/A |
| **URGENT CRITERIA** | **Confirm that there are NO indicators of serious underlying pathology (Red Flags).** **Reminder: Red Flags:** Patients presenting with red flags should be referred to hospital for investigation. GP referral guidelines (inc Red Flags) is [[here]](http://www.whittington.nhs.uk/document.ashx?id=8649) | NO RED FLAGS [ ]  |
| **Patient choice** | Patient choice of acute hospital provider if necessary**(Please note, this step is mandatory)**  | Whittington [ ] North Middx [ ] UCLH [ ] Other\* [ ]   |
|  | \*If other, please specify:       |  |

**Please now print this leaflet to give to the patient on referral which can be found** [**here**](http://www.whittington.nhs.uk/document.ashx?id=8648) **, where there is a wealth of patient information**

**Information for GPs on the MSK Service can be found** [**here**](http://www.whittington.nhs.uk/document.ashx?id=8649)

|  |  |
| --- | --- |
|  **Other Referral Information** | **Click if applies** |
| Patient consents to DATA SHARING of relevant clinical data with H&I MSK service partners | DATA SHARE [ ]  |
| Patient consents to service CONTACTING by voicemail or email | VOICE [ ] EMAIL [ ]   |
| \*Write Patient email here:        | EMAIL ADD\* [ ]   |
| Please tick to confirm that you are attaching all relevant hospital correspondence, blood results (last 3 months) and imaging reports |  ALL CORRES [ ]  |
| **Interpreter required?** |  INTERPRETER [ ]   |
| **Main spoken language or state if deaf requiring interpreter** | Main Language  |
| Any other information (e.g. accessibility requirements, carer information, etc)  |  OTHER INFO [ ]   |

|  |
| --- |
| **Description of current problem(s), clinical findings, diagnosis (if known), and impact on patient (sleep, work, etc.):** |
|       |

|  |
| --- |
| **Consultations:** |
| Consultations  |
|  **Dates and details of previous treatment for this or previous associated conditions:** |
|       |

|  |
| --- |
| **Patient’s expectation**: |
| Supported self management InjectionCondition specific groupMedical opinionDiagnosisAn operationPhysiotherapy\*Other: Please specify:       | SELF MGT [ ] INJECT [ ] GROUP [ ] MED OPIN [ ]  DIAGNOSIS [ ] OP [ ] PHYSIO [ ]  OTHER\* [ ]  |

|  |
| --- |
| **Referrer’s expectation:**  |
|  |

|  |
| --- |
| **Other medical information from EMIS** |
| Other Medical Problems (including any psychiatric conditions, psychological or learning difficulties that may affect treatment compliance): Problems  |
| Current medication:Medication  |
| Allergies Allergies  | Substance Misuse: Substance misuse monitoring Single Code Entry: Substance misuse monitoring  |
| Smoking : Smoking  | Alcohol Consumption : Alcohol Consumption  |
| Height : Height  | Weight : Weight  |
| BMI: BMI  | Blood Pressure : Blood Pressure  |
| **Recent Relevant Investigations:**  |
| X-ray[ ]  MRI[ ]  CT[ ]  Blood Tests[ ]  Ultrasound [ ]  Other [ ] If applicable where was the investigation carried out:     Please attach all relevant hospital correspondence, blood results and imaging reports |

|  |
| --- |
| **Has this patient ever posed a risk to staff or other service users?****Yes** [ ]  **No** [ ]  |