**DATE OF REFERRAL**

**\*Patient’s Mobile No:**

**\*Patient’s Email:**

\*Email address and mobile number supplied will be used for administrative purposes only and will not be shared with any other parties

ADULT MUSCULOSKELETAL SERVICES REFERRAL

Please complete ALL sections of the form, incomplete forms will be returned. No appointments can be made until a **FULLY COMPLETED** form has been received. Once completed, E-MAIL this form to the appropriate service.

Please attach any additional relevant information.

**MSK Physiotherapy Referrals Email:** arti.centralbooking@nhs.net **Tel:** 020 3316 1111

|  |  |  |  |
| --- | --- | --- | --- |
| **Physiotherapy (Simple) Referral**  www.whittington.nhs.uk/msk | **MSK CATS (Complex) Referral**  www.whittington.nhs.uk/msk | **Podiatry Referral - Haringey** | **Podiatry Referral - Islington** |
|  |  |  |  |

**MSK CATS Referrals Email:** whh-tr.mskinterfaceservice@nhs.net **Tel:** 020 3224 4744

**Islington Podiatry Referrals:** arti.centralbooking@nhs.net **Tel:** 020 3316 1111

**Haringey Podiatry Referrals Email:** haringey.adult-referrals@nhs.net **Tel:** 020 3316 1600

If you are referring to Physiotherapy please tick if you have any objections to the instigation of further investigations/ onward referral to Secondary Care by MSK Physiotherapy Extended Scope Practitioners if deemed necessary     

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details:** | **DOB:** | | **NHS Number:** |
| **Surname:** | **First name:** | | Female Male |
| **Address:**  **Post code:** | | **Daytime No:**  **Home Tel No:** | |
| Is an interpreter required? Yes  No  If yes, what language? | | | |
| Ethnicity: | | | |
| Is Transport Required Yes  No | | | |

**Referral Criteria** Please check our webpage for further details www.whittington.nhs.uk/msk

**Physiotherapy (Simple)**

Mechanical, degenerative and postural related spinal and musculoskeletal presentations of pain and dysfunction.

Post fractures, sports injuries, soft tissue injuries, sprains and strains

(See end of referral form for exclusion guidance).

**MSK Clinical Assessment and Treatment Service CATS (Complex)**

Complex musculoskeletal presentations with failed conservative management who may require specialist assessment, access to diagnostics and possibly onward referral to secondary care.

MSK patients who may require peripheral soft tissue, peri-articular and articular injections.

**MSK Podiatry**

Podiatry MSK Referral Only

Plantar Fasciitis, Achilles tendonitis, limb length discrepancy, neuromas, hallux valgus and limitus, posterior tendon dysfunction, in toeing, pes planus and pes cavus foot types

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| --- | --- | --- |
| **Patient Details:** | **DOB:** | **NHS Number:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Problem/Provisional Diagnosis**  **(NB: IF REFERRING FOR MORE THAN ONE CONDIITON PLEASE LIST IN ORDER OF PRIORITY FOR TREATMENT)** | | | | | | | | | |
|  | | | | | | | | | |
| **Duration** | **< 2 weeks** | | | **2 – 6 weeks** | **> 6 weeks** | | | **> 1 year** | |
| Has this patient failed to benefit from previous physiotherapy treatment for this condition Yes No | | | | | | | | | |
| Recent Relevant Investigations: X-ray MRI CT Blood Tests Ultrasound  Other | | | | | | | | | |
| Significant findings (PLEASE ATTACH RESULTS) | | | | | | | | | |
| **Past Medical History** | | Osteoporosis | Inflammatory disease | | | Cancer | Depression | | Other |
|  | | | | | | | | | |
| **Medication (please attach summary)** | | | | | | | | | |
|  | | | | | | | | | |

Has this patient ever posed a risk to staff or other service users?

**Yes** **No** ***If yes attach full details including a copy of the risk assessment***

|  |  |
| --- | --- |
| **Referring GP’S details** | |
| **Name:** | **GP Code:** |
| **Practice:** | **Tel:**  **Fax:**  **Email:** |

**RED FLAGS:**

***Refer straight to Secondary Care***

* Screened Systemic Inflammatory Disease, requiring medical intervention
* Suspicion of Serious Pathology requiring medical intervention (malignancy or infection)
* Signs of cord compression / CaudaEquina Syndrome
* Suspicion of recent fracture requiring intervention

**APPROPRIATE CONDITIONS FOR DIRECT REFERRAL TO:**

***Orthopaedics***

* Joint surgery revisions
* Shoulder Dislocations
* Acute Locked Knee (A&E)

***Rheumatology***

* Osteoporosis, Second Line Management
* Inflammatory Arthritis (including Gout) Confirmed on blood test(s)
* Ankylosing Spondylitis (Suspected/Flare-Up)