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| **Healthshare Hull – Single Point of Access/MSK Referral Form** |
| **Surname** |  | **GP Name** |   |
| **First name** |  | **Address** |  |
| **Address** |  |
| **Phone** |  |
| **DOB** |  | **Fax** |  |
| **Phone Number** |  | **Date of referral** |  |
| **Mobile number** |  | **NHS number** |  |

**Preferred Clinic** *(please tick appropriate)*

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| **MSK physiotherapy**  | **[ ]**  | **(>13yrs)** |
| **MSK Podiatry**  | **[ ]**  | ***(>13yrs) For MSK conditions only – Not corns/calluses/verrucae etc.***  |
| **Orthopaedics** | **[ ]**  | **(>16yrs)** |
| **Neurosurgery** | **[ ]**  | **(>16yrs)** |
| **Rheumatology** | **[ ]**  | ***(>16yrs) with clear MSK problem and inflammatory issue is medically managed*** |

**URGENCY** *(please tick appropriate)*

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| **Suspected Cord Compression / Cauda Equina, Infection, Fracture?** See below for emergency recommendations. **Do not refer to Hull SPA.** |
| URGENT | [ ]  | Routine | [ ]  |

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| --- | --- | --- |
| **REASON FOR REFERRAL** *(please tick appropriate)*  |  |  |
| [ ]  | **Hip** | [ ]  | **Cervical** | [ ]  | **Foot** | [ ]  | **Shoulder** |
| [ ]  | **Knee** | [ ]  | **Thoracic** | [ ]  | **Hand** | [ ]  | **Elbow** |
| [ ]  | **Ankle** | [ ]  | **Lumbar** | [ ]  | **Wrist** | [ ]  | **Other** |
| **Narrative of referral letter****Please include:****•**A description of the problems / history / time line•Signs / examination findings•Image results•Any significant comorbidities•Medications•Allergies•BMI | [ ]  < 6 weeks duration | [ ]  6 week – 3 months | [ ]  > 3 months duration |
|          |
| ***Red flags suggestive of masquerading serious pathology checked and eliminated*** | [ ]  **YES** | [ ]  **NO** |

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| ***Interpreter required?*** | ***[ ] Yes*** | ***Main Spoken Language: Main spoken language Arabic(Carer will accompany and translate)*** |

**Latest BMI Reading** [Auto populated from SystmOne]

 **(Height)** [Auto populated from SystmOne]

 **(Weight)** [Auto populated from SystmOne]

**Smoking Status** [Auto populated from SystmOne]

**Past Medical History**:

[Auto populated from SystmOne]

**Active Problems**

[Auto populated from SystmOne]

**Medication**:

[Auto populated from SystmOne]

**Acute Medication in the last 1 month**

[Auto populated from SystmOne]

**Current Repeat Medication**

[Auto populated from SystmOne]

**Allergies & Sensitivities**

[Auto populated from SystmOne]

**Patient AIS Requirement (Accessible Information Standard)**

**No AIS communication preferences recorded**

**AIS: Communication Support:**

**AIS: Requires Communication Professional:**

[Auto populated from SystmOne]

**AIS: Requires Specific Contact Method:**

[Auto populated from SystmOne]

**AIS: Requires Specific Information Format:**

[Auto populated from SystmOne]

**Patient Reasonable Adjustment Requirement**

[Auto populated from SystmOne]

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Signature** |  | **Date** |  |

**Additional Information including test results**

**Electronic Radiology (Last 6 Months)**

|  |  |
| --- | --- |
| **Date specimen collected** | **Battery Headers** |

**Radiology**

**Full Blood count:** [Auto populated from SystmOne]

**C-Reactive Protein:** [Auto populated from SystmOne]

**Antinuclear Antibodies (ANA):** [Auto populated from SystmOne]

**Erythrocyte Sedimentation Rate:** [Auto populated from SystmOne]

**Rheumatoid Factor:** [Auto populated from SystmOne]

**Anti-Citrullinated Protein (Anti-CCP):** [Auto populated from SystmOne]

**Bone Profile:** [Auto populated from SystmOne]

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| **Back Pain Red Flag Guidance** |
| Concern | Suspect if | Recommended Action |
| Emergency Referrals (e.g.)possible Cauda Equina Syndrome or Spinal Cord Compression | * Severe / progressive bilateral neurological deficit of the legs
* Recent-onset urinary retention / urinary incontinence
* Recent-onset faecal incontinence
* Saddle anaesthesia / paraesthesia
* Laxity of the anal sphincter
 | Under Oncology - suspected malignant cord compression | Call **07498782361** or (01482) 875875 and bleep 500 for **MSCC.****https://www.hey.nhs.uk/queens/services/mscc/** |
| Not under Oncology | **Refer to A+E.** |
| Other Red Flags for Emergency / Urgent referrals | * Age under 20 / over 50
* Gradual Onset
* Severe unremitting pain
* Localised spinal tenderness
* Past history of Cancer
* Unremitting Thoracic pain
* Unexplained Weight Loss
* Possible infection (e.g.) high inflammatory markers, fever, TB, Diabetes, IV drug use, immunocompromised
* Major Trauma (e.g.) RTA
* Structural deformity
* Major motor radiculopathy
 | **Consider Urgent MRI request.****Refer to A&E (following assessment they may include Infectious Disease Dept, Oncology, etc).** |
| Possible Osteoporotic Spinal Crush Fracture | * Known Osteoporosis and trauma / fall and new localised spinal pain
 | **Urgent lateral X-Ray (proceed to Urgent Lumbo-sacral MRI if negative but Crush # still suspected).****Pain and medical management is essential in early confirmed stages – if the pain persists after a recent, unhealed fracture (confirmed on x-ray/MRI) then vertebroplasty/kyphoplasty may help.** |