|  |  |  |  |
| --- | --- | --- | --- |
| **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)*

|  |  |  |
| --- | --- | --- |
| **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)*

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |

|  |  |  |
| --- | --- | --- |
| ***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]

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** | |