**Sheffield GP MSK Referral Form**

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| **Referral Date**: <Today's date> |

**Patient Details:**

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| --- | --- | --- | --- |
| **Patient Name** | <Patient Name> | | |
| **Address** | <Patient Address> | | |
| **DoB** | <Date of birth> | **NHS no.** | <NHS number> |
| **Home phone** | <Patient Contact Details> | **Gender** | <Gender> |
| **Mobile phone** | <Patient Contact Details> | **Ethnicity** | <Ethnicity> |
| **Email Address** | <Patient Contact Details> | | |
| **Main spoken language** | <Main spoken language> | **Interpreter needed?** | Yes  No |
| **Appointment Urgency** | Routine  Urgent | **Transport needed?** | Yes  No |

**MSK Referral – please provide a succinct clinical letter here – essential for all referrals**

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| **What has been tried for this problem so far?** – (details of physio, orthotics, analgesia etc and response)  Click here to enter text.  **What are your patient's expectations from this referral:**  Diagnosis (if currently unclear)  Self-Management / Rehabilitation  Medical Treatment  An operation  **If there is a named clinician that you would like to be involved, please indicate who and why here:**  Click here to enter text. |

**Which clinical team would you like to see the patient? – this will be the initial triage speciality**

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| --- | --- | --- | --- |
| **Please complete the table below –will map to the options on E-referral:** | | | |
| Physiotherapy - Musculoskeletal    Orthopaedics |  | Hand & Wrist |  |
| Shoulder & Elbow |  |
| Hip |  |
| Knee |  |
| Foot & Ankle (inc. podiatric surgery) |  |
| Spine |  |
| Surgery – Plastics Upper Limb (hands, wrists, elbows only) | | |  |
| Pain Management | | |  |
| Rheumatology | | |  |
| Sports and Exercise Medicine (within Rheumatology) | | |  |
| For ‘MSK Sheffield – Reasonable Adjustments’ please tick one of the above specialities but book to ‘MSK Sheffield – Reasonable Adjustments’ found under Physiotherapy- Musculoskeletal | | |  |

**Please now answer the following short questions - you only need to complete for the relevant specialty:**

|  |  |  |
| --- | --- | --- |
| **Physio / Orthopaedics** | **Yes** | **No** |
| Has there been any previous injury / surgery to the affected area? |  |  |
| Details: Click here to enter text. |  |  |
| Is pain present at rest? |  |  |
| Is sleep disturbed by pain? |  |  |
| Would the patient consider an operation? |  |  |
| **Rheumatology** | | |
| Do any of the joints swell visibly? |  |  |
| If yes – how long ago did this start happening? <3mths 3-6mths 6-12mths >12mths | | |
| Which joints swell? Click here to enter text. Is swelling constant?  or intermittent? | | |
| How long is the patient stiff in a morning? <30mins 30-60mins >60mins  >120mins | | |

**Investigations – please tick which and where requested (so we can get films if needed)**

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| **Xrays are required for referral to orthopaedic foot, ankle, hip, knee (AP & lateral wt bearing) and shoulder (AP, axillary +/- scapula) teams. If not done at STH, please indicate when and where xrays were done in order that these can be obtained for clinical triage. Please ensure these are available prior to referral.**  **Blood tests including CRP essential prior to Rheumatology referral with results available before referral sent. RF and ANA are essential prior to Early Inflammatory Arthritis clinic (CCP will be added prior to appt)**  **Xrays**  **Which? Where? When?**  **USS / MRI**  **Of What? Where? When?**  **Bloods: automatic pull in of results for CRP RF ANA – with dates** |

**Bio-psychosocial Information – START score mandatory for SPINE and PAIN referrals only but please include for other patients if you feel it would influence clinical triage**

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| --- | --- | --- | --- | --- | --- |
| **Is current anxiety / depression contributing to the patient’s problem?**  No  Yes  **Is sleep disturbed?**  No  Yes  **Is the patient off work due to current symptoms?** No  Yes | | | | | |
| **Please ask your patient to complete the MSK START Score (do not complete on their behalf)** | | | | Disagree  0 | Agree  1 |
| My pain has spread at some time in the past 2 weeks | | | |  |  |
| In addition to my main pain, I have had pain elsewhere in the last 2 weeks | | | |  |  |
| In the last 2 weeks, I have only walked short distances because of my pain | | | |  |  |
| In the last 2 weeks, I have dressed more slowly than usual because of my pain | | | |  |  |
| It’s really not safe for a person with a condition like mine to be physically active | | | |  |  |
| Worrying thoughts have been going through my mind a lot of the time in the last 2 weeks | | | |  |  |
| I feel that my pain is terrible and that it’s never going to get any better | | | |  |  |
| In general in the last 2 weeks, I have not enjoyed all the things I used to enjoy | | | |  |  |
|  | | | | | |
| Overall, how bothersome has your pain been in the last 2 weeks? | | | |  |  |
| Not at all | Slightly | Moderately | Very Much | Extremely | |

**Reasonable Adjustments:**

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| If you feel your patient has particular needs relating to poor vision / hearing / understanding / communication / mobility / emotional / cognitive or behavioural characteristics that will require us to make special provision or adapt our appointment system, it is essential that you provide details below. Please book this appointment on ERS via MSK Sheffield - Reasonable Adjustments (found in physiotherapy, musculoskeletal) |
| *Enter Reasonable Adjustments text here* |

**GP PRACTICE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice Name** | <Organisation Details> | | |
| **Usual GP:** | <GP Name> | | |
| **Practice Address** | <GP Details> | | |
| **Tel No** | <GP Details> | **Fax No** | <GP Details> |
| **Email** | <primary practice email> | **Practice Code** | <GP Details> |

**Referring Practitioner (if different from above):**

|  |  |
| --- | --- |
| **Name of Referrer/Clinician:** | <Sender Name> |
| **Address of Referring practitioner:**  <Sender Address> | **Tel:** <Sender Details>  **Fax:** <Sender Details> |

**CLINICAL INFORMATION merged from computer record:**

|  |  |
| --- | --- |
| **Height:** <Latest Height> | **Latest Weight:** <Numerics> |
| **BMI:** <Numerics> | **Alcohol:** <Numerics> |
| **Latest BP:** <Latest BP> | **Last 3 BP Readings:** <Last 3 BP Reading(s)(table)> |
| **Smoking Status:** <Diagnoses> |
| **Family history:** <Diagnoses> |

**Medication:**

**Current Repeat Issues:**

<Repeat Templates(table)>

**Current Acute Issues:**

<Medication(table)>

**Allergies:**

<Allergies & Sensitivities(table)>

**Latest 3 Consultations**

<Event Details(table)>

**Major Active Problems:**

<Problems(table)>

**Major Past Problems:**

<Problems(table)>