

SOUTH OF TEES SPECIALIST MUSCULOSKELETAL SERVICE REFERRAL FORM

Please upload on to Choose and Book – Trauma and Orthopaedics.
 Or forward to Administrators for The Specialist Musculoskeletal Service,
 at 3rd Floor, One Life Building, Linthorpe Road, Middlesbrough, TS1 3QY
 Tel **01642 737737** Fax: **01642 737857**

CRITERIA FOR REFERRAL

Any peripheral joint or soft tissue musculoskeletal condition which does not have an inflammatory disease or neurological component requiring assessment, investigation, diagnosis, injections, management advice.

EXCLUSIONS

Children under 18 years	Spinal conditions
Two week rule patients	Patients already attending secondary care for this condition
Neurological conditions	

The Musculoskeletal Team consists of GPwSI in Musculoskeletal Medicine and Extended Scope Physiotherapists and Podiatrists. Multidisciplinary assessments may involve one or more members of the team as required.

**TO ENSURE YOUR PATIENT IS TREATED QUICKLY AND EFFICIENTLY
PLEASE COMPLETE ALL SECTIONS**

Patient Details

Surname		Forename		DOB		Sex M/ F	
Address				Contact No			
.....				Work No			
.....				Mobile No			
Postcode				NHS No			

Referrers Details (Please Print)

Name	GP Details
Tel:

History of Presenting Problem

Current Medications

Past Medical Problems

Previous Investigations requested/ Results if available

Any additional Information/Allergies

Has the patient:

	Yes	No
Previously had a course of physiotherapy treatment	<input type="checkbox"/>	<input type="checkbox"/>
Previously had a course of podiatry treatment	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient require an interpreter?	<input type="checkbox"/>	<input type="checkbox"/>

If yes which language is required?

Clinic use only

Date referral received.....Appointment Date.....Time.....

Clinician..... Location