

## South Tees – Musculoskeletal Service Referral Form

**\*To ensure your patient is treated quickly and efficiently please complete all sections on this page \***

Tick as appropriate *			
<b>Foot &amp; Ankle</b>	<input type="checkbox"/>	<b>Lower Limb</b>	<input type="checkbox"/>
		<b>Upper Limb</b>	<input type="checkbox"/>

**\*We will not accept referrals for cervical, thoracic, lumbar, sacroiliac or coccyx spinal conditions\*.**

<b>Referrer's Name and Designation</b>	Please Complete	<b>Referrer's Location</b>	Please Complete
<b>Date of Referral</b>	Please Complete	<b>Referrer's Tel Number</b>	Please Complete
<b>GP Practice</b>	Please Complete	<b>GP Practice Contact</b>	Telephone or email
<b>Patient Name</b>	Please Complete		
<b>Patient Address</b>	Please Complete.		
<b>Tel Number</b>	Landline	<b>Mobile Number</b>	Mobile
<b>Date of Birth</b>	DOB	<b>NHS Number</b>	NHS Number
<b>Medically Fit for Surgery</b>	Please Select.	<b>Choice of Ortho Provider</b> <small>FOR ALL REFERRALS</small>	Location
<b>BMI</b>	Please Complete	<b>Smoking Status</b>	Please Select
<b>X-ray requested</b> <small>DEGENERATE JOINT REFERRALS</small>	Please Select	<b>Is the patient taking anti-coagulant medication?</b>	Please Select
<b>Subjective Assessment:</b> Please Complete		<b>Objective Assessment:</b> Please Complete	
<b>Working Diagnosis:</b> Please Complete			
<b>Management to date:</b> Physiotherapy <input type="checkbox"/> Injection <input type="checkbox"/> Specify Location.      Podiatry <input type="checkbox"/>			
<b>Past medical history:</b> Please Complete			
<b>Drug history:</b> Please Complete			
<b>Social history:</b> Please Complete			
<b>Does the patient require an interpreter or have any special requirements?</b>	Please Select.	Please Specify Language Required.	

South Tees MSK Service, One Life, Linthorpe Road, TS1 3QY. Tel. 01642 854664  
Email: [stees.musculoskeletalservice@nhs.net](mailto:stees.musculoskeletalservice@nhs.net) or attach to Choose & Book electronic referrals

## South Tees – Musculoskeletal Service Referral Form

The MSK service offers multi-skilled assessment, diagnosis and treatment of peripheral joint and soft tissue conditions and cares for patients with complex underlying conditions through diagnostic imaging and investigations, injection therapy, aspiration, biomechanical assessment, as well as offering rehabilitation advice and providing orthotics.

### **REFERRAL CRITEREA**

Any peripheral joint or soft tissue musculoskeletal condition requiring assessment, investigation, diagnosis, injections, management advice

- Upper Limb – Shoulder, Elbow or Hand
- Lower Limb, Hip and Knee
- Foot and Ankle

### **EXCLUSIONS**

- **SPINAL CONDITIONS CERVICAL, THORACIC, LUMBAR, SACROILIAC AND COCCYX**
- Patients under the age of 18 years
- Patients who are under already under investigation/treatment in secondary care for the same complaint.
- Peripheral vascular disease
- Patients who are being referred under the 2 week rule, suspected malignancy
- Complex, medically unwell patients
- Inflammatory Arthropathies/Conditions
- Underlying Neurological conditions
- Fractures/Suspected Fractures
- Ulcers (refer to vascular surgery)
- Diabetics foot ulcers to be referred to diabetic foot clinic
- Ganglion
- Acute - suspected / diagnosed tendon rupture
- Dupuytren's Contracture