|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral for ():****MSK Referral Form**This service only accepts referrals via Choose and Book, any referrals received by alternative methods may be rejected. This service can be foundby searching for Musculoskeletal Service. | **MSK** |  | **Physio** |  | **Podiatry** |  | *Tick one option only* |
|  |  |
| Date of referral: |  |
| Referring GP: |  |
| Practice Name and Address: |  |

|  |  |
| --- | --- |
| Patient Name: |  |
| Date of Birth: |  |
| NHS Number: |  |
| Address and postcode: |  |
| Contact telephone numbers: | Home | Mobile | Work | Other |
|  |  |  |  |
|  |
| Consent for text message reminder () |  |  |
|  |
| Routine referral () |  | Urgent referral () |  |  |
| **Criteria for urgent: Possible ligament or meniscal injury to knee / Severe pain and reduced function of joint****Acute ligament injury to ankle or shoulder** |
| **Body Area** |
| **Please note: Each problem will require separate UBRNs on Choose and Book. Use a separate form if referring multiple problems.** |
| **Upper Limb** () | **Lower Limb** () |
| Shoulder | Left |  | Right |  | Hip/Groin | Left |  | Right |  |
| Elbow | Left |  | Right |  | Knee | Left |  | Right |  |
| Wrist | Left |  | Right |  | Ankle | Left |  | Right |  |
| Hand | Left |  | Right |  | Foot | Left |  | Right |  |
| Other (Specify) | Other (Specify) |
| **Previous Treatments – Please include date of treatment** |
| Physiotherapy |  |
| Injection |  |
| Podiatry |  |
| Surgery (please provide further information) |  |
| Other (please specify) |  |
| **Previous Investigations – Please include date and results if known** |
| MRI |  | Ultrasound |  |
| X-Ray |  | Bloods |  |
| Other (please specify) |
| **Brief History and Background** |
|  |
| **Past Medical History** | **Medication** |
|  |  |
|  |  |
| Preferred Location () | Basingstoke |  | Alton |  |  |
|  |  |