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| Southern Health NHS Foundation TrustLymington New Forest HospitalWellworthy RoadHants SO41 8QDTel: 0300 003 0806Age 16 + service only | **REFERRAL FORM****SPINAL****WHCCG** |  |
| [ ] Urgent [ ]  Non-Urgent[ ]  Lumbar [ ]  Cervical [ ]  Thoracic [ ]  **Direct consultant opinion required**Orthopaedic Choice are unable to accept patients with (1) suspected **cauda equina** syndrome, please refer to A&E immediately or (2) suspected **malignant disease,** please refer to 2 week-wait or oncology or contact radiology directly for urgent imaging. |
| Forename: **«PATIENT\_Forename1»** Surname: **«PATIENT\_Surname»**Address: **«PATIENT\_BlockAddress»**Patient consent to leave a message? [ ] Home No: «PATIENT\_Main\_Comm\_No»Work No: «PATIENT\_Alt\_Comm\_No»Mobile No: «PATIENT\_Mobile\_No»When is the best time to call?       Email:      The service strives to contact patients as quickly as possible. Please help us by providing as many contact details as possible. | Sex: **«PATIENT\_Sex»**DoB: **«PATIENT\_Date\_of\_Birth»**NHS no: **«PATIENT\_Current\_NHS\_Number»**  UBRN No: «REFERRAL\_UBRN»Hospital No: «REFERRAL\_Hospital\_number»Previous Name: «PATIENT\_Previous\_Surname»Occupation:       | Registered GP: **«PATIENT\_Registered\_GP»**Referring GP: **«REFERRAL\_Clinician»**Surgery address: **«PRACTICE\_BlockAddress»**E-mail:      Phone: «PRACTICE\_Main\_Comm\_No»Fax: «PRACTICE\_Fax\_No» Date of Referral: «SYSTEM\_Date» |
| **CURRENT EPISODE OF SPINAL PAIN:**Acute 1st episode: Yes [ ]  No [ ]  Acute exacerbation chronic condition: [ ] Details of onset: Spontaneous: [ ]  Following minor back strain: [ ]  Following major injury: [ ] Duration of current symptoms: <6/52 [ ]  6/52 - 3/12 [ ]  3/12 - 6/12 [ ]  >6/12 [ ] Is the patient off work due to back pain? Yes [ ]  No [ ]  If yes, for how long?      Is the patient unable to sleep due to back pain? Yes [ ]  No [ ]  |
| **Current BMI** (latest): «PATIENT\_BMI» (if reading not in last 6 months, please retake):        |
| **Red flags**:e.g. Age <20 / >55 [ ]  Thoracic pain [ ]  Steroids [ ]  Cancer [ ]  Weight loss [ ] Psychosocial factors: Yes [ ]  No [ ] Psychiatric history: Yes [ ]  No [ ]  | **Neurological signs:** | Yes | No | Where |
| Motor loss | [ ]  | [ ]  |       |
| Sensory loss | [ ]  | [ ]  |       |
| Reflex changes | [ ]  | [ ]  |       |
| Upper Motor Neurone signs | [ ]  | [ ]  |  |
| Leg or arm symptoms | [ ]  | [ ]  |  |
| Positive straight leg raise | [ ]  | [ ]  |  |
| **PREVIOUS TREATMENT FOR BACK PAIN (with dates):**Physiotherapy:  [ ]       Surgical:  [ ]      Rheumatology: [ ]       Pain Clinic:  [ ]       | **DESCRIPTION OF CURRENT EPISODE:**     **CURRENT TREATMENT OF BACK PAIN (including medication):** |

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| **TEST RESULTS: (please attach)**X-rays/Scans: What:      Where:      Blood tests **Full Blood Count**     **Erythrocyte sedimentation rate**     **Plasma C Reactive Protein**     **Prostate Specific Antigen**     Other blood tests:       |
| Previous relevant orthopaedic referrals: Yes [ ]  No [ ]  Where:       Why:       |
| Expectation of referral (GP and Patient):        |
| Additional info, e.g. Practitioner safety, specific needs etc…:       |

Summary of Patient’s Record:

**Family History**

**Problems**

**«PROBLEMS»**

**Medication**

**«REPEATS»**

**Allergies**

**«DRUG\_ALLERGY»**