# MUSCULOSKELETAL SERVICE; SOUTHAMPTON REFERRAL FORM

***Patients must contact the service via telephone 0300 300 2012 to ensure an appointment is booked.*** Referrals can be sent to: [**SNHS.MSKSPAreferrals@nhs.net**](mailto:SNHS.MSKSPAreferrals@nhs.net) or by post to Adelaide HC, Millbrook, Southampton, SO16 4XE. Fax referrals are no longer accepted. There are several sites in Southampton for treatment DEPENDING ON CLINIC; site choice will be offered at booking. The MSK service is also available on Choose & Book.

**Please indicate preferred clinic** (the MSK service reserves the right to utilise a more appropriate clinic):

* MSK physiotherapy (16+)
* MSK Specialist Assessment Clinics (18+); known as IMAT (Southampton only)
* MSK inflammation assessment & treatment (18+ specific Rheumatology)
* Pain Team (18+; all chronic pain except those related to malignancy or inflammatory conditions)

## PATIENT DETAILS:

|  |  |
| --- | --- |
| **NHS Number:** |  |
| Name: Gender: M F |  |
| Address: Postcode: |  |
| DOB: |  |
| **ALL Contact Tel. No’s:** |  |
| Surgery: |  |
| Registered GP: |  |
| Referrers Name: |  |
| GP surgery: |  |
| Ethnicity:  If requires interpreter please state language. |  |
| Condition related to military service? |  |
| Any Risks (medical or behavioural) or patient considered vulnerable? |  |
| Transport arranged by surgery? |  |
| **URGENT?**  please indicate whether patient presents with:   * Condition present for less than 8 weeks * First presentation of deteriorating symptoms * Inflammatory condition suspected (with blood test confirmation) * Sleep, work or carer duties significantly affected by symptoms |  |
| **Occupation:**  Signed off work or struggling (fit note) due to this condition? |  |

### HISTORY AND DESCRIPTION OF CURRENT CONDITION

Date and mode of onset:

Clinical findings & Proposed or known diagnosis:

Previous treatment for this condition (including manual therapy):

Your main concerns and expectations of care:

### RESULTS OF RECENT INVESTIGATIONS INCLUDING X RAYS, BLOOD TESTS, SCANS (please attach)

**PAST MEDICAL HISTORY** (please attach print out if possible)

### Particularly:

Any long term conditions;

Significant other history e.g. previous cancer, TB, rheumatology,

BMI:

Smoker?

Alcohol intake? Diabetic?

### If patient currently registered with any other care service (including secondary care and social services) please indicate which and why:

**PSYCHIATRIC HISTORY** (particularly if condition has been present for more than 6 months) Depression: Anxiety: Other:

**PREVIOUS DIAGNOSIS OF OR TREATMENT FOR ANY CHRONIC PAIN?** (Date and outcome)

**CURRENT MEDICATION AND PAST DRUG HISTORY:** (please attach print out if preferred) (Current or previous anticoagulants, steroids can affect treatment choices)

### ADDITIONAL INFORMATION AND SOCIAL HISTORY:

Registered disabled? **No Yes** (give details) Main/registered Carer? No yes (give details)

### THE PATIENT’S EXPECTATIONS OF OUTCOME OF THIS REFERRAL:

**Name of Referrer:**

Signature: Date of referral:

## The STarT Musculoskeletal Screening Tool

*Patient name & NHS number if sent as paper referral incase of separation of pages:*

# Please complete this form with your patient and return with the referral; it assists in ensuring your patient is seen by the correct clinician first time.

|  |  |  |
| --- | --- | --- |
| Date completed: | Disagree 0 | Agree 1 |
| Thinking about the **last 2 weeks** tick your response to the following questions: |  |  |
| 1 My pain/problem has spread at some time in the past 2 weeks | □ | □ |
| In addition to my main pain/problem, I have had pain elsewhere in the last 2  2 weeks | □ | □ |
| In the last 2 weeks, I have only walked short distances because of my  3 pain/problem | □ | □ |
| In the last 2 weeks, I have dressed more slowly than usual because of my  4 pain/problem | □ | □ |
| It’s really not safe for a person with a condition like mine to be physically  5 active | □ | □ |
| Worrying thoughts have been going through my mind a lot of the time in the  6 last 2 weeks | □ | □ |
| I feel that my pain/problem is terrible and that it’s never going to get any  7 better | □ | □ |
| In general in the last 2 weeks, I have not enjoyed all the things I used to  8 enjoy | □ | □ |
| 9. Overall, how bothersome has your pain been in the last 2 weeks? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all** | **Slightly** | **Moderately** | **Very much** | **Extremely** |
| 0 | 0 | 0 | 1 | 1 |

**Total score (all 9): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub Score (Q 5‐9):\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For further information: [http://www.sheffieldbackpain.com](http://www.sheffieldbackpain.com/) © Keele University 2007

**This service is delivered by Solent NHS Trust on behalf of the NHS in Southampton, Hampshire and Portsmouth**

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