**MSK Outpatient Physiotherapy Referral Form**

Patient Name**:**

Patient Address**:**

D.O.B**:** NHS number**:**

**NB: This service is for patients aged 12years or over.**  Does patient consent to leave message?

Contact telephone numbers: Home**:** Work**:** Mobile**:**

**This referral may not be accepted if any boxes are left unfilled. Referrals for back pain require a STarT Back classification.**

**Please advise patients at the point of referral that an MSK opinion has been requested which may result in one or more of the following:**

* **Self-management advice/exercises**
* **A telephone appointment**
* **A video consultation (group or one to one)**
* **A face to face consultation (group or one to one)**

**Patient reported problem:** including **ONSET, LOCATION** and **DURATION** of symptoms **(**please indicate if acute on chronic flare).

e.g. anterior shoulder pain for three months / localised back pain around lower lumbar spine for six weeks

**History of trauma?** : **Y: N: Is patient off work due to this? Y: N: Self-employed? Y: N: Are symptoms worsening? Y: N:**  **Been to physiotherapy in the last 12months for this problem? Y: N:**

**Interventions/Treatments trialled** for **current symptoms?** (advice, exercise, rheumatology, injections, medication since onset)

e.g. naproxen and cocodamol for two weeks and advice to rest not helping

**Requested/Recent investigations and results pertinent to this problem:** (e.g. USS, x-ray, bloods, NCS etc)

e.g. requested xray awaiting results, bloods NAD, USS request rejected

**Objective Findings:** including anyNeurological Findings**.**

e.g. loss of 20deg right knee extension, unable to weight bear /cannot get hand behind back due to pain / can touch toes but unable to extend lumbar spine due to pain.

**STarT Back: Low** [ ]  **Medium** [ ]  **High**[ ]

e.g. tendon pain/OA joint pains

**Current working diagnosis: BMI:**

**Past Medical History:**

**Active Problems:**

**Past Problems:**

**Current Medication:**

**Anticipated Outcome of this referral:**

**Anticipated Outcome (including patient and clinician expectation, noting these may be different) If expectation is for onward referral within the pathway, please ensure adequate information is provided so this can be done at point of triage:**

e.g. patient wants diagnostic, clinician wants opinion etc.

**Signed: Date:**

**Print name: Surgery:**

***Please indicate designation of this referral either from***

***a GP/Nurse Practitioner etc for audit purposes.***

**Please signpost patients to the following self-management and online advice:**

The **Chartered Society of Physiotherapy** (CSP) website that does not require a login: <https://www.csp.org.uk/conditions/managing-pain-home>

This covers shoulder/neck/back/elbow/hand/hip/knee/ankle/foot pain as well as pain management. There are videos, downloadable booklets and exercise sheets available. Many also cover red flags and advice for patients if their conditions deteriorate.

There are standard downloadable leaflets on the CSP website which can be found here: <https://www.csp.org.uk/publications/exercise-advice-leaflets>

These leaflets cover: Foot pain/ Carpal tunnel syndrome/ Knee pain/ Neck pain/ Shoulder pain/Tennis elbow/Back pain

**NHS Choices**: <https://www.nhs.uk/conditions/> Many conditions have videos of exercises, self-management and worsening advice.

**Versus Arthritis:** <https://www.versusarthritis.org/get-help/> for access to a helpline, information, treatment options and exercise prescription/guidance