

Lambeth Integrated MSK Service: Referral Form: Patients aged 16 years and over

Incorporating MCATTS, MSK Physiotherapy Orthopaedics and non-inflammatory Rheumatology referrals. **Excludes fracture clinic, urgent A&E referrals including suspected Cauda Equinae syndrome suspected cancer 2 week wait and Inflammatory arthritis.**

To access this service use **Choose and Book**

Completed forms can also be emailed to:	Guys and St Thomas' NHS FT 3 rd Floor Lambeth Wing St. Thomas Hospital Westminster Bridge Road SE1 7EH Email : gst-tr.integratedmsk@nhs.net Tel: 0207 188 6532
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Referral to:	Tick	Preferred location (tick)	
MSK Physiotherapy	<input type="checkbox"/>	St Thomas' Hospital	King's College Hospital
MCATTS	<input type="checkbox"/>	Gracefield Gardens	Pulross Centre
Expect referral on to Secondary Care: Ortho/Rheum	<input type="checkbox"/>	Crystal Palace	West Norwood
		Akerman	Guy's Hospital

If secondary care please complete the following	Tick	The patient has chosen the following hospitals should onward referral be required (rank in order of choice, 1 being the preferred choice)	
Patient would consider surgery	<input type="checkbox"/>	Shortest wait at local hospital	<input type="checkbox"/>
Patient fit for surgery	<input type="checkbox"/>	Guy's and St Thomas' Hospital	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	King's Hospital	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (state)	<input type="checkbox"/>

Patient details				
Title	First name	Last name	Date of birth	Gender
			/ /	M / F
Address	<input type="text"/>			
Post Code	<input type="text"/>			
Home Tel	<input type="text"/>	NHS Number	<input type="text"/>	
Mobile Tel	<input type="text"/>	Interpreter required	If yes, which language	

Area(s) affected	Tick	Duration	This patient is	Tick
Spine	<input type="checkbox"/>	<input type="text"/>	Unable to work due to problem	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="text"/>	Struggling to stay at work due to problem	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="text"/>	Showing signs of significant distress	<input type="checkbox"/>
Elbow/hand	<input type="checkbox"/>	<input type="text"/>	Having significant sleep problems	<input type="checkbox"/>
Foot/ankle	<input type="checkbox"/>	<input type="text"/>	Is unable to care for dependants	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>

Presenting problem/provisional diagnosis including any specific indications for direct triage to ortho/rheumatology				
<input type="text"/>				

Clinical Question?

Past medical history

Is there a history of Cancer?

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Screening tools	
Keele STaT back screening score (high/med/low risk)	www.keele.ac.uk/sbst/
OA/HIP/Knee joint replacement guidance completed	To insert hyperlink to check list (Lambeth have this already to insert)
Indications of Inflammatory back pain	http://www.rheumtutor.com/asas-criteria/

Please attach all relevant investigations (including imaging).

Type	When/Where	Result
X-ray		
Scans		
Blood test		

Complete this section for peripheral joint problems only

Does the patient have any of the following symptoms?

Swelling	Locking	Haemarthrosis	Instability / Giving way
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Are there any possible contraindications to joint injection

Infection (local or systemic)	Pregnancy / Breastfeeding	Bleeding disorder	Taking Warfarin / other anticoagulants	TB
Immuno suppression (inc HIV +ve)	Other (e.g. poorly controlled Epilepsy, Hypertension, Diabetes, Hypothyroidism) (give details)			

Confirm if possible contraindications listed above are adequately controlled to allow a steroid injection to be administered

Complete this section for spinal problems only Caudae Equina needs urgent A&E referral not this pathway insert hyperlink to CE guidance

Does the patient present with **neurological symptoms**?

Sensory loss		Altered reflexes		Loss of power	
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Insert additional information relevant consultation notes or referral letter here

Previous treatment e.g. physiotherapy and benefit

GP Name			
Practice Address			
Post code		Surgery contact number	
Signature		Date	