NHS
Medway
Clinical Commissioning Group

Adult Musculoskeletal Physiotherapy form

All referrals must be completed by a Medway GP or healthcare professional

This form must be completed fully by the referrer or it may result in a delay in offering an appointment.

Patient details	
Title:	
Forename:	
Surname:	
Address: Post code:	
Date of birth: dd/mm/yyyy	NHS No:
Mobile telephone number:	
Home telephone number:	
Is an interpreter required	☐ Yes/ ☐ No
If yes, please specify language:	

Which provider(s) would the patient like to be referred to?	
City Way Health Clinic ☐ Chris.allen12@nhs.net	Physiotherapy2Fit ☐
Healthshare ☐	The Injury Care Clinic ☐
Medway Community Healthcare ☐	*Note: A list of clinic details (days, times and locations) is attached to this referral form.*

Clinical details How long has the patient experienced symptoms/condition been presenting: 0-6 weeks ☐ 6-12 weeks ☐ 3-6 months ☐ 6-12 months ☐ < 1 year ☐	
Referral Type:	
Standard ☐ • Intermittent pain • Disruption to family life/work performance but patient has adapted to activities of daily living • Managing most daily functions • Chronic problems with no previous advice • No rapid deterioration in symptoms • Delaying intervention is unlikely to change the end outcome	**Urgent** ☐ • Acute uncontrolled pain/whiplash/soft tissue injuries • Severe disruption of lifestyle • Severe sleep disturbance due to presenting condition • Unable to work due to presenting condition • Carer unable to care due to presenting condition • Patients with reducing mobility at risk of hospital admission • Severe impairment of daily activities • Patient dependant on opioid analgesics such as Tramadol
Has the patient been screened for red flags	☐ Yes/ ☐ No
Presenting condition:	Exclusions:
Upper limb pain ☐	• Suspicions of serious pathology/red flags symptoms • Patients under the age of 16

Lower limb pain	☐	• Patients who do not meet the referral criteria • Housebound patients • Patients not registered with a Medway CCG practice • Patients with pain originating from non MSK cause • Post hospital discharge patients (surgery or trauma) who have physiotherapy provided as part of secondary care • Condition present for less than 6 weeks (unless symptoms meet urgent criteria) • Patients who's condition will be unlikely to benefit from conservative physiotherapy management • Patient with a neurological condition that requires physiotherapy • Patients who have not previously responded to physiotherapy treatment for the same condition • Patients who have been seen in the preceding 6 months for the same presenting symptom • Patients requiring diagnostic investigation needing completion prior to referral • Self referral (defined as self presenting) • Patients at a high risk of cerebral vascular disease should not have grade 5 manipulations of the cervical spine
Back and neck problems	☐	
Sports Injury	☐	
Arthritis	☐	
Ante-natal/Post-natal patients	☐	
Post operative patients	☐	

Additional information about the condition/symptoms:

Is the patient off work with this episode/condition? ☐ Yes ☐ No

If yes, how long have they been off work? (e.g. number of days/weeks)

Previous episodes? ☐ Yes ☐ No How many?

Relevant X-Rays/Investigations and results (Please attach reports)

Has the patient been seen by the following professionals?
(Please state where and outcome):

Physiotherapist ☐ Consultant ☐ Other: ☐

Additional Information:

Date the patient was discharged from previous treatment: dd/mm/yyyy

Treatment history:

<u>Please note</u>: Patients are not eligiable for re-referral for the same condition within 6 months unless there is good indication that additional treatment will provide improved outcomes. These decisions will be reviewed on a case by case basis.

Medication

Additional comments

Consultant name:	
Hospital / Clinic:	
Date of referral/appointment:	
Stamp:	

Referred by (printed name):	
Signed:	Date: dd/mm/yyyy