Please complete and save this referral letter before sending System1 referral (orange arrow)

GP to MSK Referral Form (Mid-Notts)

SECTION 1 - PATIENT DEMOGRAPHIC DETAILS			MOBILITY & COMMUNICATION
Title: <Patient Name>		**FIRST NAME:** <Patient Name>	**Mobility:** <Diagnoses>
Date of Birth: <Date of birth>		**SURNAME:** <Patient Name>	**Tick if Transport required : Y** ☐
Age: <Patient Age>	**Gender: <Gender>**	**NHS number:** <NHS number>	**Language:** <Diagnoses>
Ethnicity: <Diagnoses>		**Carer status:** <Diagnoses>	**Tick if Interpreter required?: Y** ☐ <Diagnoses>
Contact Details: _ Please check these are up to date <Patient Contact Details>			**Tick if Communication / Capacity issues: Y** ☐ <Diagnoses>
Address: <Patient Address>			**Accessible Information Standards:** <Diagnoses>
1a – PRACTICE INFORMATION			
Referring GP			**Date of Referral:** <Today's date>
Practice Address: <GP Details>			
Telephone: <GP Details>			

SECTION 2 - REFERRAL DETAILS - GP/FCP to complete this section in full				
Tick Urgency and if A&G	**Urgent** ☐ **Routine** ☐ **A&G** ☐			
GP/FCP diagnosis				
MSK Hub Pathway (choose) **DO NOT refer EMERGENCY MSK pathology to the MSK Hub – utilise emergency pathways**	**1. Physiotherapy / Rehab**	☐		
	2. BFIT rehabilitation for back pain (Medium Risk STarTBack)	☐		
	3. ESCAPE Pain Rehabilitation (Hip or Knee OA)	☐		
	4. Musculoskeletal Assessment and Triage Service (MCATS) - (diagnostics, injections, onward referrals etc.)	☐		
Problem Area: Tick Problem area and complete the below				
Shoulder ☐	**Patient Expectations of referral**	**Diagnosis / further opinion** ☐		
Elbow ☐		**To discuss/consider surgery (please start shared decision making e.g. BRAN, Best Health Template)** ☐		
Spinal ☐	**Pain at rest?**	Yes ☐ / No ☐	**Sleep disturbed by pain?**	Yes ☐ / No ☐
Hand & Wrist ☐	**Past treatment or injury to affected area?**	Yes ☐ / No ☐ Details		
Hip ☐	**Current treatment by GP and outcome? e.g. injection / self-care**			
Knee ☐				
Foot & Ankle ☐				
Rheumatology - use rheumatology referral form **Surgical podiatry - refer to podiatry single point of access**				
Previous relevant imaging – see MSK Imaging guidelines (LINK) - attach report if available				
Last 1 years auto pull through				

Clinical Details : Pain control : Waking aids : weight mgmt. : Physio / muscle strengthening / exercise : Corticosteroid injections : shared decision making : STarTBacK score

Import from patient records or ability to free type the clinical details of the referral.

STarTBack Score for ALL Back Pain referrals (can this be pulled through from the template?)

3 or less suggest **LOW RISK OF CHRONICITY** Xac48
4 or more AND Subscore of 3 or less suggests **MEDIUM RISK OF CHRONICITY** Xac49
4 or more AND Subscore of 4 or more suggests **HIGH RISK OF CHRONICITY** Xac47

Make every contact count - Check **frailty** up to date *(where applicable)* Ask about **alcohol** intake, smoking status and consider brief intervention

Smoking status: <Diagnoses>	**Frailty**: <Diagnoses>	**Recent (Last 6 months) BMI:** <Numerics>

If current **smoker** give cessation advice - have you offered smoking cessation? Yes ☐ / No ☐

If **BMI** is high (>30) offer lifestyle advice – have you referred to weight management service? Yes ☐ / No ☐

Section3: Safer Surgery Primary Care Assessment P3 (THIS IS AN EXAMPLE PATIENTS MERGE FIELD FILTERS RESULTS -PLZ CUT AND PASTE P3 FROM MIDNOTT S1 SHARED FILE BETTER TOGEHTHER MID NOTSS MSK LETTER

Observations: (record weight, blood pressure and check pulse rhythm at time of referral)

Height 1.6 28 May 19	FVC not recorded	HBA1C 53 mmol/mol 31 Mar 21
Weight 110 Kg 28 May 19	FEV1 not recorded	Pulse Ox 90 % 11 Dec 20
BMI 42.97 28 May 19	Moderate frailty	Peak flow not recorded
Ex-smoker	Teetotaller	MRC Breathlessness Scale: grade 3 08 Mar 10

30 Dec 20 180 / 70 30 Dec 20 180 / 70 31 Mar 21 120 / 60

Absence of a condition does not mean it is certainly absent of from the patient's medical history

Amber Conditions: *These conditions increase the risk of surgery and may need optimisation*

- : Chronic kidney disease stage 3 - : Acute myocardial infarction - : Hypertension - : Insulin treated Type 2 diabetes mellitus - : Schizophrenia - : Rheumatoid arthritis - : Asthma - : Chronic obstructive lung disease - : Implantation of internal cardiac defibrillator - : Anaemia - : Osteoarthritis - : Deep vein thrombosis of lower limb -: Family history of deep vein thrombosis - : Coagulation disorder - : Atrial fibrillation - : Obstructive sleep apnoea - : Transient ischaemic attack - : Obstructive sleep apnoea - : Neurological disorder - : Cerebrovascular accident - : Epilepsy NOS - : Rivaroxaban 10mg tablets -: Moderate frailty

Red Conditions: *These conditions increase the risk of surgery and may need optimisation or a period of waiting before surgery* - **please comment on them**

- : Chronic kidney disease stage 5 without proteinuria- : Myocardial Infarction within last 6 months(Elective surgery is usually postponed until after this period) - : Heart failure- : SystolicAmbulatoryBP>155 elective threshold- : 24hr Systolic BP >155 elective threshold- : Home Systolic BP >155 elective threshold- : BMI >40

Tick below if the patients is best optimised for surgery (check readings above)

Best optimised for inward referral (clinical opinion) ☐	Surgery not expected ☐

SECTION 4 - PAST MEDICAL HISTORY

PROBLEMS / SUMMARY

Please delete either problem entries or summary entries on this form depending on which system your practice uses:

These are the problem entries:

Major Problems

<Problems(table)>

Minor Problems

<Problems(table)>

These are the summary entries:

Major Summary

<Summary(table)>

Minor & Unspecified Summary

<Summary(table)>

MEDICATION

Current Repeats Medication

<Repeat Templates(table)>

Current Acute Medication: (this will show hospital / dental medications if added to Systmone)

<Medication(table)>

ALLERGIES AND SENSITIVITIES

Allergies and Sensitivities

<Allergies & Sensitivities(table)>