Please attach the completed document using the e-Referrals service :
NPD9878

GP to Community MSK Referral Form

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 to complete this section						
Tick Urgency & if converted from A&G	**Urgent** ☐	**Routine** ☐	**Converted from A&G?** ☐			
Pathway (choose)	**1- Physiotherapy /Rehab**					☐
	2. Advanced Assessment Clinic (diagnostics, injections, onward referrals etc.)					☐
Problem area: Tick problem area and complete the below						
Shoulder ☐	L ☐ R ☐	**Patient Expectations**	**Diagnosis / further opinion**			☐
Elbow ☐	L ☐ R ☐		**Surgery (referrer to confirm with pt they wish to have surgery)**			☐
Spinal ☐	L ☐ R ☐	**Pain at rest?**	Yes ☐ / No ☐	**Sleep disturbed by pain?**	Yes ☐/ No ☐	
Hand & Wrist ☐	L ☐ R ☐	**Past treatment or injury to affected area?**	Yes ☐/ No ☐: DETAILS			
Hip ☐	L ☐ R ☐					
Knee ☐	L ☐ R ☐	**Previous / Current treatment by GP and outcome?**	**e.g. injection / self-care**			
Foot & Ankle ☐	L ☐ R ☐	**Previous imaging- attach report if available (or copy and paste)**	**X-ray:** **Date:** **Place:** **USS:** **Date:** **Place:** **MRI:** **Date:** **Place:**			
Sport & Exercise Medicine ☐						
Other ☐						
Considerations: Pain control : Walking aids :weight mgmt. : Physio / muscle strengthening / exercise : Corticosteroid injections : shared decision making						
<New Template - RCCG Physio AQP list F12(table)>						
If possible ask patient if they have any holiday plans in the next two weeks?	**Yes** ☐ **Return Date?**					
Tick below if the patient is best optimised for surgery (check readings below)						
Best Optimised for onward referral (in clinician opinion) ☐	Surgery not expected ☐					

Marker	Last Value	Status	Guidance (All values ideally within 90 days for validity)
BP	<Blood Pressure Configurable>	<Numerics> <Numerics>	<160 / 100
Hba1c*	<Numerics>	<Numerics>	If >=69 mmol/mol please optimise **(*ONLY in known Diabetics)**
eGFR*	<Numerics>	<Numerics>	If eGFR <60 ml/min/1.73 m2 consider CKD education (***ONLY** in cohort identified by **NICE CG182**)
Hb*	<Numerics>	<Numerics>	Hb - Male - <13 g/dL Hb Female <12 g/dL (***Consider a FBC if in your clinical opinion pt is at risk of anaemia)**
Pulse	<Numerics>	<Numerics>	If >65 check for Atrial Fibrillation

Make every contact count - If **BMI** is high (>30) offer lifestyle advice : If current **smoker** give cessation advice : Check **frailty** up to date *(where applicable)* Ask about **alcohol** intake and consider brief intervention

Smoking status: <Diagnoses>	**Frailty**: <Diagnoses>	**BMI:** <Numerics>

SECTION 3 - 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)>

Provider	Venue	
MOSAIC- City	The Mary Potter Health Centre, 76 Gregory Blvd, Radford, Nottingham, NG7 5HY	☐
	Bulwell Riverside Centre, Main St, Bulwell, Nottingham, NG6 8QJ	☐
	St Ann's Valley Centre, 2 Livingston Rd, Nottingham, NG3 3GG	☐
	Clifton Cornerstone, Lanthwaite Rd, Clifton, Nottingham, NG11 8EW	☐
CMATS – NNE & Nottingham West	Stapleford care centre, Church St, Stapleford, Nottingham, NG9 8GA	☐
	Highcroft Arnold, High St, Arnold, Nottingham, NG5 7BQ	☐
	Park house medical centre, 61 Burton Rd, Carlton, Nottingham, NG4 3DQ	☐
	Plains view Surgery, Plains View Surgery, 57 Plains Rd, Mapperley, Nottingham, NG3 5LB	☐
	Hucknall orthopaedic clinic , Derbyshire Ln, Hucknall, Nottingham, NG15 7JX	☐
Rushcliffe	Peak Wellbeing, 1 Main Rd, Radcliffe on Trent, Nottingham, NG12 2FH	☐
	Pure Physio, 24 Musters Road, West Bridgford, Nottingham, NG2 7PL	☐
	Physio needs, 1 Main St, East Bridgford, Nottingham, NG13 8PA	☐
	Response physiotherapy, 50-60 Wilford Ln, West Bridgford, NG2 7SD	☐
	Response physiotherapy david Lloyd, Rugby Rd, West Bridgford, NG2 7HX	
	Rushcliffe physio and sports injury clinic, 21 High St, Ruddington, Nottingham, NG11 6DT	☐
	The Key Health Club, Bunny Lane Keyworth Nottingham, NG12 5JU	☐