**MSK Triage Service – Referral Form**

All referrals must be completed by a Medway GP or Healthcare Professional and submitted to the MSK Triage service via Electronic Referral Service (ERS)

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| **Patient Details** | | |
| Title: | | |
| Name: | | |
| Address:  Postcode: | | |
| Date of birth: | | NHS number: |
| Daytime telephone number: | | |
| Home telephone number: | | |
| Is an interpreter required: | Yes/ No If yes, please specify language:      . | |

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| **Presenting Condition** | |
| *Please include details of the patient’s current condition and impact on life*  *(FREE TEXT BOX)*  Right/left/bilateral | |
| Date of onset: |  |
| Co-morbidities: |  |

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| **Treatment History** |
| *Please provide details of how the presenting condition has previously been managed (prior to referral to the MSK triage service) including diagnostics/blood tests and results, previous surgery*  *(FREE TEXT BOX)* |

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| **Medication History** |
| *(FREE TEXT BOX)* |

**Exclusion Criteria**

The following referrals will not be accepted by the MSK Triage Service:

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| * Patients not registered with a Medway GP | * Recent fractures * <1 year post-operative |
| * Patients under the age of 16 years | * Post-surgery Physiotherapy |
| * Confirmed Inflammatory Arthritis | * Patients needing re-listing for surgery * Domilicilary physiotherapy required * Non MSK conditions |
| * Red flags requiring urgent medical attention |  |

**Please ensure that the referral form is completed in full prior to submission as missing information will result in the referral being returned and cause delays in the patient pathway.**