**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
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| * Patients under the age of 16 years
 | * Post-surgery Physiotherapy
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| * Confirmed Inflammatory Arthritis
 | * Patients needing re-listing for surgery
* Domilicilary physiotherapy required
* Non MSK conditions
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| * Red flags requiring urgent medical attention
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**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.**