***\*Denotes mandatory field***

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| ***\**Patient Details:** | | ***\**Referrer:** | |
| Name | Title Given Name Surname | **Date of this referral** |  |
| Address | Home Full Address (single line) | Referrer Name | Current User |
| Telephone | Patient Home Telephone | Practice Name |  |
| Mobile | Patient Mobile Telephone | Practice Address | Usual GP Full Address (single line) |
| Date of Birth | Date of Birth | Practice Code |  |
| NHS Number | NHS Number | Telephone | Usual GP Phone Number |
| Gender | Gender(full) | Email (NHS) |  |
| Email | Patient E-mail Address |  | |
| Ethnicity | Ethnic Origin |  | |
| Does the patient consider themselves to be disabled? | Yes  No  Patient prefers not to say | If yes, please give details:  Learning Disabilities related codes recorded: Learning disabilities administration status... | |
| Patients’ preferred language? | |  | |
| Is an interpreter required? | | Yes  No | |
| If yes, what language | |  | |
| Is a sign language interpreter required? | | Yes  No | |
| If yes, please indicate | | BSL  SSE  Deafblind  Other | |
| Please indicate patient’s preferred method of communication | |  | |
| **Any other information/Reasonable Adjustments:** | | Transport Needs  Carer related codes recorded: Is a carer...  Other | |

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| ***\**Patient Consent** |
| Patient consents to Camden MSK services contacting by:  voicemail  email  text |
| Does the patient consent to Camden MSK services accessing GP records Yes  No |

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| ***\**Service Requested *(If you are unsure please request Specialist Triage)*\*** | |
| **PHYSIOTHERAPY** |  |
| **SPECIALIST TRIAGE (CATS)/ORTHOPAEDICS/RHEUMATOLOGY/INJECTIONS/INVESTIGATIONS** |  |
| **CAMDEN PAIN SERVICE** |  |
| **MSK PODIATRY** |  |
| **URGENT RHEUMATOLOGY**  Inflammatory joint disease/inflammatory rheumatology conditions |  |
| **ADVICE AND GUIDANCE ONLY**  Please provide a mobile phone number and email address which you can be contacted on:  Phone:  Email: |  |

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| **Referral Reason** |
| **Description of primary problem, clinical findings, diagnosis (if known), treatments so far and impact on patient (sleep, work, etc):**  Body Text  Consultations  Duration |
| **Other Medical Problems (including any fractures, surgery, psychiatric conditions, psychological or difficulties that may affect treatment compliance):** |
| **Current Medication:**  Medication |

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| **Referral Priority** |
| Urgent  Routine  If not completed, Camden MSK will assume routine priority  If you consider this patient a **non-clinical high priority**, please give further details: |

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| **Patients Hospital Choice** |
| **The vast majority of patients are managed conservatively by community services, but for those whose care may need to be transferred to a hospital setting, please indicate patients’ choice:**  Royal Free  UCLH  Other hospital  No preference  Shortest wait list  If other hospital, please give details: |

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| ***\**Please tick:** | |
| **To confirm that there are NO indicators of serious underlying pathology (Red Flags).** (Patients presenting with red flags should be referred to hospital for investigation)  [Click here to go to GP referral guidelines (including Red Flags information)](https://gps.camdenccg.nhs.uk/cdn/serve/service-downloads/1454929909-9af333aee330cf39018de42f35b1775a.pdf) |  |
| **To confirm that you are attaching all relevant hospital correspondence, blood results (last 3 months) and imaging reports.** |  |
| **Please tick if patient has had surgery or trauma in the last 6 weeks and is transferring back into Camden. Please state at which hospital surgery occurred** |  |

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| **Patient’s expectation of the service:** |
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| --- | --- |
| Allergies | Single Code Entry: Substance misuse monitoring |
| Smoking | Alcohol Consumption |
| Height | Weight |
| BMI | Blood Pressure |

**Patient educated regarding self-management and directed to self-management resources**

**Patient understands they are referred to a partnership of organisations**

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| **Please note that we do NOT accept referrals via email.**  **Please refer using e-referrals.** |

Camden MSK Triage Hub contact.

Telephone: 0203 447 7779

Email: [**uclh.camdenmskhub@nhs.net**](mailto:uclh.camdenmskhub@nhs.net)

Website: [www.camdenmsk.nhs.uk](http://www.camdenmsk.nhs.uk)