***\*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 NeedsCarer 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 TextConsultationsDuration |
| **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 priorityIf 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**

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