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| **Berkshire West AQP MSK Physiotherapy Service – Referral Form** |
| **Section One** |
| **Important – Please Read**The data entered into Section One of this form is read automatically.**Please do not make any changes to the layout or wording in Section One as this may result in the form being rejected.** |
| **Date** |  |
| **Patient Details** |
| **Name:** |  |
| **NHS Number:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Address:** |  |
| **Landline Tel:** |  |
| **Mobile Tel:** |  | **Happy to Receive Text Messages:**  | Yes [ ]  No [ ]  |
| **Work Tel:** |  |
| **Email:** |  |
| **Referrer Details** |
| **Name:** |  |
| **Practice Code:** |  |
| **Communication and Assistance END *Please mark the box with X where applicable*** | **Yes** |
| **Does the patient require an interpreter?** |  |
| **Is the patient suitable for a telephone assessment? *If not, please provide details in Comments below*** |  |
| **Patient Language:** |  |
| **Comments:** |  |
| **Reason for Referral**  |
|  |
| **YOU MUST COMPLETE THESE QUESTIONS TO FACILITATE PRIORITISATION** |

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| **Onset****<1 Week** [ ] **1-4 Weeks** [ ] **5-12 Weeks** [ ] **>12 Weeks** [ ]  | **Severity of Symptoms:****Mild** [ ] **Moderate**[ ] **Severe** [ ] **Unable to work** [ ]  |
| **Recent Trauma****YES** [ ] **NO** [ ]  | **Post-Operation?****YES** [ ] **NO** [ ]  |
| **Weight Bearing?****Full** [ ] **None** [ ] **Part** [ ]  | **Sleep Disturbances?****YES** [ ] **NO** [ ]  |

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| **Berkshire West AQP MSK Physiotherapy Service – Referral Form** |
| **Section Two** |
| **Important – Please Read**Please provide as much information as possible – a failure to do this may lead to an inability to triage the patient effectively and the referral being rejected. |
| **Clinical History and Examination Findings** |
|  |
| **Details and Dates of Previous Treatment Related to this Condition** |
|  |
| **Current Consultation** |
|  |
| **Allergies and Sensitivities** |
|  |
| **Medications** |
|  |
| **Recent Diagnostic Tests** |
|  |
| **Please hand the MSK Information card to your patient before they leave** |

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| **Berkshire West AQP MSK Physiotherapy Service – Referral Form** |
| **Guidance** |
| **This referral form must be completed in full and attached to the ERS booking.****Please print out the patient leaflet and give it to your patient before they leave.**[**Return to Section One**](#ServiceRequested) |