East Lancashire Hospitals NHS
NHS Trust

Integrated MSK, Pain & Rheumatology Service
Single Point of Access Referral Form

All *clinical* enquiries please contact the PLIMS GP Advice Line: 01254 736041

Referral Form to be attached to Choose and Book request within one working day

Date of Referral:	**Referred by:**

Title: Mr / Mrs / Ms / Miss / Other	GP / Referrer Address:
Surname:	
Forenames:	
Male ☐ Female ☐ DOB:	NHS No:
Patient Address: Postcode	Hospital Number: RXR
	Does the patient have any language, hearing or other supportive needs? No ☐ Yes ☐ Details: ________
Home Telephone number: Mobile number: Day-time Number:	Main language spoken: ________ Interpreter required: No ☐ Yes ☐
UK Resident Yes ☐ No ☐	Details: ________

Referral Priority: Does the patient meet the **URGENT** criteria including:

- Red Flags ☐
- Vertebral Fracture ☐
- Cancer Diagnosis Suspected ☐
- Inflammatory Disease ☐
- Complex Regional Pain ☐

Yes - Urgent ☐

No – Routine ☐

Please identify the reason for referral and provisional diagnosis:

Please indicate referral pathway preference

- Physiotherapy / MSK ☐
- Pain Management ☐
- Orthotics ☐
- Rheumatology ☐
- Orthopaedics ☐

Patient Details		Page 2		
Name			DoB	
NHS No:		Hosp Number	RXR	

Height:	Weight:	BMI:
Alerts / Warnings / Allergies:		

Patient information		
• Please confirm that the patient has exhausted simple first line management as outlined in the local pathways	Yes ☐	No ☐
• Has the patient been provided with a Decision Aid for Pain Management	Yes ☐	No ☐

Presenting problem

- History of present condition
- Previous Assessments
- Treatments & Outcomes
- Investigations
- Past Medical History
- Current Medication
- Is the patient unable to work or struggling with work?
- Are they struggling to sleep?
- Do they have mental health problems?
- What are the patients' expectations?
- Details of previous consultant appointments

Please include clinical details or attach Referral letter