NORFOLK & WAVENEY COMMUNITY MSK SERVICES REFERRAL

Completed referrals (except for MATS) to be emailed to: nowmsk@ecchcic.nhs.uk
Tel: 01493 809 977

MATS referrals ONLY to be uploaded into NHS e-Referral (Choose and Book)
Selecting the option:
Norfolk & Waveney Musculoskeletal Assessment and Triage Service (MATS)

Exclusions: Patient who meet any of the following conditions are not appropriate for referral and therefore not covered in this service:

- Non-MSK Neurological Conditions
- Chest physio.
- Patients that require emergency treatment.
- Patients exhibiting red flag symptoms requiring immediate referral to secondary care.
- Patients requiring access to one of the Norfolk and Waveney Fast Track Pathway.
- Continence and Women's/Men's Health.
- Housebound patients – refer to local domiciliary service.

NB. Acceptance of paediatric referrals varies – details can be found on our website:
norfolkandwaveneycommunityhealth.nhs.uk/msk/healthcare-practitioners

Please note – it will aid the referral management process if all relevant sections are completed.

This referral will be triaged and sent to the appropriate health care professional for assessment and further management for onward referral as required.

Please indicate which service for initial referral management:	
☐ Musculoskeletal Outpatient Physiotherapy ☐ Please tick if **Low Back Pain** ☐ Musculoskeletal Foot & Ankle (Biomechanics) ☐ Musculoskeletal Hand Therapy	☐ Musculoskeletal Assessment and Triage (MATS) Secondary care indicated: ☐ Orthopaedics ☐ Rheumatology ☐ Pain Management

Referrer Details:			
Referring Clinician:		Referrer Email:	
Referrer Role:		Referrer Phone:	
Referring Service/Org:			

West Only: Please indicate if the patient is registered at one of the following GP surgeries:	
☐ Heacham Surgery	☐ Gayton Road Health Centre
☐ Snettisham Surgery	☐ St James Medical Practice
☐ Carole Brown Health Centre	

Patient Details:			
Name:		NHS No.:	
Address:		Date of Birth:	

		Gender:	
		Ethnic Origin:	
Tel No.:		Veteran:	☐ Yes / No ☐
Accessible Information Standards Please specify below if the patient has additional needs related to:			
Vision:	Speech:		
Hearing:	Other communication difficulties:		
The patient requires an: ☐ Interpreter (*specify language)* ☐ Lip speaker ☐ BSL interpreter			

Investigations (to be completed prior to referral where relevant)					
Current BMI:		Smoker:	☐ Yes / No ☐	Referral to smoking cessation:	☐ Yes / No ☐
Recent relevant investigations: ☐ Bloods ☐ CT ☐ MRI ☐ US ☐ X-ray ☐ Other ***Check "Recent Investigations" results pre-populated below***					

Referral Information:	**Date of referral:**
Referral Reason (Including details of trauma / insidious onset / any neurological clinical signs etc):	
Patient expectation of care / next steps:	
Additional Referral Information	
Duration: ☐ 0-6 weeks ☐ 6-12 weeks ☐ 3-12 months ☐ 1 year +	
Previous physiotherapy/biomechanics/hand therapy for same condition in the last year: ☐ Yes / No ☐	
Weight-bearing status (if applicable):	
Is patient off work due to current symptoms? : ☐ Yes / ☐ No / ■ n/a If yes, how long:	
Is patient classified as a main carer for a dependant(s)? : ☐ Yes / ☐ No / ☐ n/a If yes, are symptoms affecting their ability to perform role: ☐ Yes / ☐ No	
Any other relevant information	
Any reason why the patient cannot participate in a group / class?	

Relevant Medical Information
Recent Investigations:
Current Medication:
Past Medical History:

Modified Hip and Knee Osteoarthritis New Zealand Score (to be completed as appropriate)			
Joint Affected *Please mark as appropriate*	☐ Hip	☐ Knee	☐ Left / Right ☐

Please quantify the following:		**Score**	**Please enter relevant score below**
1	**How bad is your hip/knee pain?** • None • Mild (occasional pain with longer walks) • Moderate (pain with most activity and walking) • Severe (constant pain – little relief and/or giving way)	 0 1 3 5	
2	**How bad is your night pain?** • None • Mild (doesn't wake you) • Moderate (occasionally wakes you) • Severe (regularly wakes you)	 0 1 3 5	
3	**How far can you walk?** • Unlimited • ½ to 1 mile • ¼ to ½ mile • Less than ¼ mile	 0 1 3 5	
4	**How often do you need painkillers?** • Occasionally • Regularly	 0 3	
5	**Is your pain getting worse?** • No • Yes	 0 3	
		Total Score:	0

* For Hip and Knee referrals to Secondary care (via MATS) - Modified NZ Questionnaire **completion is required for Secondary Care and will expediate onward referral, reducing any potential delays** and is included at the bottom of this form