* ***Malignancy suspected-refer under 2-week rule Link to 2 week rule form***
* ***Suspected fracture- refer to A&E***
* ***Inflammatory arthritis- refer urgently to early inflammatory pathway***

Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral: http://arma.uk.net/wp-content/uploads/2021/01/Urgent-emergency-MSK-conditions-requiring-onward-referral-2.pdf

**SWL ORTHOPAEDIC REFERRAL FORM: FOOT AND ANKLE**

**SECTION 1**

|  |  |
| --- | --- |
| DATE |  |
| **Name:** |  |
| **NHS Number:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Email:** |  |
| REFERRER DETAILS |  |
| **Name:** |  |
| **Role: (GP, FCP, ACP, Consultant)** | Choose an item. |
| **Practice Code or referrer address:** |  |
| **Contact details (phone/e-mail):** |  |

|  |  |
| --- | --- |
| **COMMUNICATION & ASSISTANCE** | YES |
| **Does the patient require an interpreter?*****If yes, which language?*** | [ ]  |
| **Is the patient suitable for a telephone or video consultation?*****If no, please provide details*** |[ ]
| **Does the patient require Patient Transport?** |[ ]
| **Does patient have access to a smart phone to receive SMS/ Video Consultations?**  |[ ]

ONWARD REFERRALS

Preferred Provider: CUH, ESH, KH, SGH, SWLEOC Choose an item.

**SECTION 2**

REASON FOR REFERRAL

Past Medical History

Drug History

|  |  |
| --- | --- |
| **REASON FOR REFERRAL****Foot and Ankle** | [ ]  |
| **Side** | YES |
| **Right** |[ ]
| **Left** |[ ]
| **Bilateral** |[ ]
| **Symptoms and Effects on Quality of Life** |  |
| **Pain** |[ ]
| **Are activities of daily living significantly compromised?** |[ ]
| **Is this causing a functional problem?** |[ ]
| **Sleep disturbance** |[ ]
| **Details of Previous Treatment Related to this Condition** |  |
| **Analgesia** |[ ]
| **Activity Modification** |[ ]
| **Physio Led Rehabilitation for minimum 12 weeks** |[ ]
| **150 minutes of moderate exercise a week** |[ ]
| **Injections****If Yes, how many?** |[ ]
| **BMI**  |  |
| **Weight loss advice (if BMI > 30)** |[ ]
| **Current smoker** |[ ]
| **Smoking ceasing advice (if applicable)** |[ ]
| **Patients Expectations** |  |
| **Rehabilitation** |[ ]
| **Surgery** |[ ]
| **Injection** |[ ]

|  |  |
| --- | --- |
| **Sub-Speciality Questions**  | YES |
|  **Acute diabetic foot – ulceration/ suspected Charcot please refer urgently to threatened limb service.** **If unsure of diagnosis or severe presentation please refer directly to foot and ankle service.** |  |
| **Patient has been engaged in shared decision making to ensure he/ she is well informed about the treatment options available and personal values, preferences and circumstances are taken into consideration** | [ ]  |
| **Confirmed willingness to have surgery within the next 18 weeks, if deemed appropriate?**  | [ ]  |

|  |  |  |
| --- | --- | --- |
| **CHOOSE RELEVANT DIFERRENTIAL DIAGNOSIS** | **MANAGEMENT IN PRIMARY CARE** | **REFERRAL CRITERION** |
| **GANGLION** [ ]  |  | Had ganglion >3 months with pain that interferes with daily activities/shoe wear |
| **HALLUX VALGUS (BUNION)** [ ]  | Shoe wear change [ ] Bunion protector [ ] Toe spacers [ ] Splint [ ]   | Failure of conservative management  [ ]  Severe deformity causing significant functional impairment of daily activities [ ] Or  Severe pain requiring regular painkillers and causing significant functional impairment of daily activities [ ]   |
| **HEEL PAIN (PLANTAR FASCIOPATHY/ACHILLES TENDINOPATHY)** [ ]  | Heel pads [ ] Insoles [ ] Night splint [ ] Podiatry assessment [ ]    | Symptoms > 6 months [ ] Failed conservative management [ ]  |
| **ANKLE ARTHRITIS** [ ]  | Insidious onset ankle pain  [ ] Ankle Support/Brace [ ]   | Failed conservative management [ ]  |
| **BIG TOE ARTHRITIS** [ ]  | Insidious onset of big toe pain +/- bone prominence [ ] Shoe wear change (flat rigid sole/wide toe box) [ ]  | Failed conservative management [ ]  |
| **ANKLE PAIN POST SPRAIN**[ ]  | No fracture – Ottawa ankle rules [ ] No achilles rupture – calf squeeze test [ ] Instability [ ]  | Failed conservative treatment (symptoms longer than 3 months or unusual/severe symptoms) [ ]  |
| **LESSER TOE DEFORMITY** [ ]  | Shoe wear [ ] Toe sleeves [ ] Podiatry [ ]  | Persistent deformity [ ]  |
| **LUMPS AND BUMPS** [ ]  | Cystic – non-problematic – diagnosis ganglion reassure [ ]  | Solid – query tumour and refer [ ] Problematic – confirm diagnosis (ultrasound+?aspirate) [ ]  |
| **ADULT NEW ONSET FLAT FOOT**[ ]  | No Recent trauma [ ] No Diabetic/swelling [ ] No Severe pain/deformity  [ ] Refer MSK podiatry/physiotherapy – orthotics [ ]  | Failure of conservative management (6 months) [ ] Recent trauma, diabetic with significant swelling, severe pain/deformity [ ]  |
|  |  |  |

|  |  |
| --- | --- |
| **DIAGNOSTICS** | **YES** |
|  |[ ]
| ***Please include date and location so images can be accessed***Date:Venue: |  |