University College London Hospitals NHS
NHS Foundation Trust

Royal London Hospital for Integrated Medicine
Musculoskeletal Referral Form

Referral Date					Referral Time				
NHS Number					Hospital Number				
Urgent referral	No	☐	Yes	☐	If urgent please state reason				
Patient Full Name									
Patient Address									
Postcode		DOB			Male	☐	Female	☐	
Registered GP Practice *(Name & Address)*									
Referring GP Name									
Interpreter Required?	No	☐	Yes	☐	Which language?				
Best telephone contact no.					Alternate contact no.				
Best time to call?	Office hours	☐	Early evening	☐	Other *(Please state)*				
Consent to leave message?	No	☐	Yes	☐					
Ambulance transport?	No	☐	Yes	☐	Details				

Reason for referral (Please provide a summary of the presenting problem/concern/issue)			
Date of onset of this episode:		Date of onset 1st episode:	
History of presenting complaint			

Due to this episode:									
Is sleep disturbed?	No	☐	Yes	☐	Is the pain severe?	No	☐	Yes	☐
Is the pain worsening?	No	☐	Yes	☐	Inhibiting ADLs / off work?	No	☐	Yes	☐
Details									

Additional relevant information: (Social/psychosocial or employment circumstances and/or special needs if necessary)

GREEN FLAGS		Notes	RED FLAGS		Notes
Back / buttock pain	☐		Unremitting night pain	☐	
Worse with movement	☐		Non mechanical pain	☐	
Patient generally well	☐		Unexplained weight loss	☐	
Onset > 6/52	☐		Steroids	☐	
YELLOW FLAGS		**Notes**	Immunosupressed	☐	
Psychosocial Factors	☐		History of Cancer	☐	
Leg/Arm pain. Para/Anaesthesia	☐		Thoracic pain	☐	
Objective muscle weakness	☐		Malaise	☐	
Pain unresponsive to analgesia	☐		> 1 hour morning stiffness	☐	

Physical Signs (Including SLR, Reflexes, Sensation, Myotomal weakness)					
Diagnostic Imaging to date:					
Blood tests undertaken to date?	No	☐	Yes	☐	Details

Previous or ongoing treatment	Pain Management	☐	Physical Therapy	☐	Orthopaedics	☐
Rheumatology	☐	Other (Please state)				
Treatment outcomes						
Pre-Screening Information	BMI		BP			
Cardiac/Respiratory History						
Clinical Alerts/Warnings						

Current Medication	

Relevant medical history	