

Bristol Musculoskeletal Assessment and Treatment Service (MATS) Referral Form

Please send via Choose and Book (CAB) If CAB unavailable please fax to 0117 330 2648 or post to
MATS, Hampton House, Cotham Hill, Bristol, BS6 6AU.

(We regret we cannot see patients under the age of 18)

Patient details (These boxes must be completed or the referral will be rejected)	
Title: Surname: Previous Name: Address: Postcode: Tel no. at Home: Work: Mobile: Email:	Forenames: Date of Birth: Gender: Ethnicity: Registered disabled: Yes <input type="checkbox"/> No <input type="checkbox"/> NHS Number: Occupation: Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies:
Body mass index: Blood pressure (40yrs + or hypertension medication)	
GP details:	
Registered GP Name: Referring GP name (if different) Practice address: Postcode: Tel no: Fax no: Email:	Date of referral:
<u>NOTES</u>	
<ol style="list-style-type: none"> 1. This form should be used for musculoskeletal patients you would normally refer to Secondary Care. 2. IF INADEQUATE INFORMATION IS PROVIDED, THIS FORM WILL BE REJECTED REQUESTING FURTHER INFORMATION. 3. You may refer non inflammatory Rheumatology cases to MATS. If you suspect Inflammatory Arthritis please refer directly to Secondary Care. 	
To be completed by GP: Reasons for referral please indicate those that are appropriate.	
<ul style="list-style-type: none"> <input type="checkbox"/> Clarification of diagnosis <input type="checkbox"/> For a diagnosis/treatment of non inflammatory joint disease <input type="checkbox"/> For Injection <input type="checkbox"/> Treatment/management of chronic pain <input type="checkbox"/> For a second opinion <input type="checkbox"/> For Orthotics <input type="checkbox"/> For Secondary Care (please state reason for referring to Secondary Care. The MATS will consider this in the context of all relevant clinical information and conservative management options) <input type="checkbox"/> Other (Please specify 	

Provisional Diagnosis/Major symptoms/mechanism of injury/history of trauma/symptom duration (If OA Hip or OA Knee, please include Oxford score -)

Previous conservative management to date:

Previous medical history (including relevant family and investigations history):

Drug history/current drugs:

Staff Safety: Are there any further details of which staff should be aware? – YES/NO.
If yes, please give details, e.g. infection risk, patient or family history

Special needs of patient: Are there any issues that we should be aware of regarding patient communication e.g. interpreter, disability, carer support?

Please attach copies of relevant hospital reports and investigations