

**This form is mandatory for referrals to the Bristol MATS
Spinal Service**

Emergency referrals should continue to be made by telephone to the relevant on-call team or via the Accident and Emergency Department	If you prefer to use a referral letter enter only patient and practice details on this form and append your letter	Please give brief details and write clearly. Complete all sections or indicate no relevant information
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Patient detail (in block capitals)	GP details or practice stamp
Name Dob Address Tel No (essential) NHS number: Blood Pressure BMI	Name Address Tel no. Referral date:

Current Problem

Pain: <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar	Is there a major component of <input type="checkbox"/> Arm pain <input type="checkbox"/> Leg pain	Previous clinic attendance (tick) <input type="checkbox"/> MATS Spinal <input type="checkbox"/> MATS Orthopaedic <input type="checkbox"/> Secondary Care <small>(attach any relevant reports)</small>
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Brief History of spinal complaint:	Relevant medical /surgical / mental health history: (Attach any relevant reports)
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<p>Examination Findings: (essential) to include upper/lower limbs as appropriate + any other findings you consider relevant:</p> <p>Reflexes:</p> <p>Sensation:</p> <p>Power:</p>	<p>Relevant investigations: (Attach any relevant reports stating if NBT or UHBT)</p>
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Supporting information

<p>Any other information you consider to be relevant :</p>	<p>Work status:</p> <p>Any relevant Social considerations:</p>
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Does this patient present with 'Red Flags' (serious disease or structural pathology)
(indicate only if yes)

History of Cancer, HIV, steroids	<input type="checkbox"/>	Mild trauma (elderly patient)	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	Nocturnal / non-mechanical pain	<input type="checkbox"/>
Systemically unwell	<input type="checkbox"/>	Known Osteoporosis	<input type="checkbox"/>
Significant trauma (younger patient)	<input type="checkbox"/>	Widespread neurological deficit	<input type="checkbox"/>
Sphincter disturbance +/- saddle anaesthesia	<input type="checkbox"/>		

Other Information:

Date:

GP Signature: