

Referral Form for Back Pain Triage Clinic

Patient Details

First Name: _____

Surname: _____ Previous Name: _____

PCN/Hospital Number _____

Patient PPSN _____

Date of Birth: ____/____/____

Mobile Phone No: _____ Tel No: _____

Address: _____

Name of Patients G.P. _____

Interpreter required: (For non-English speaking patients) Yes No

Language (Please Specify) _____

Clinical Priority

G.P. Priority

Urgent

Soon

Routine

Referred by: _____ Date: _____

(Signature of GP) GP Practice Stamp

Triage Clinic Service Destination and Priority

Orthopaedics Pain Clinic Rheumatology Specialist Physiotherapy

Urgent: Specify clinic date or timeframe _____

Soon: _____

Routine: (Seen on priority/chronological order basis)

Urgent seen asap within a maximum of 2 weeks, Soon seen in <12 weeks, Routine seen in time sequence of referral letter being added to the appropriate waiting list (Ref: SGH OPD Management Policy, 2008)

For Office Use Only

Date Received in Triage Clinic _____

Date Returned from Triage Clinic _____

IT IS NOT APPROPRIATE TO COMPLETE THIS FORM IN RESPECT OF THE FOLLOWING RED FLAG:

- Cauda equina syndrome - likely to be present when patients describe bladder dysfunction (usually urinary retention, occasionally overflow incontinence), sphincter disturbance, saddle anaesthesia, global or progressive weakness in the lower limbs or gait disturbance. If any suspicion of Cauda Equina Syndrome, immediate referral to the Emergency Department is indicated.

FURTHER CONSIDERATION SHOULD BE GIVEN TO THE MOST APPROPRIATE REFERRAL ROUTE FOR OTHER RED FLAGS:

- i.e. signs in addition to low back pain and indicators of possible serious spinal pathology
- Age < 20 years or > 55yrs (First episode of Back Pain)
 - Recent history of trauma
 - Constant progressive, non – mechanical pain (no relief with bed rest)
 - Thoracic pain
 - Past medical history of malignant tumour
 - Prolonged use of corticosteroids
 - Drug misuse, HIV immunosuppression
 - Systemically unwell
 - Unexplained weight loss
 - Widespread neurological symptoms (including cauda equina syndrome)
 - Structural deformity
 - Fever
 - Night Pain

Results of Investigations: e.g. Xray, MRI:

(Ideally, unless urgent, investigations should be performed prior to referral to this clinic, in accordance with the Criteria for Lumbar Spine Radiographs and MRI from the Dept of Radiology). If available, please attach copy or results.

Drug Treatments:

Allergies:

Relevant Medical History:

Relevant Social History:

Presenting Condition:

Description of Pain (Complete Body Chart as appropriate)

Back Pain? Lower Y / N
 Upper Y / N
 Both Y / N

Radiation to Lower Limbs? Y / N
 Right Y / N
 Left Y / N
 Both Y / N
 Below Knee Y / N
 Anterior Y / N
 Posterior Y / N
 Lateral Lower Limb Y / N

Aggravating Factors _____

Relieving Factors _____

Night Pain Y / N

Duration Weeks _____
 Months _____
 Years _____

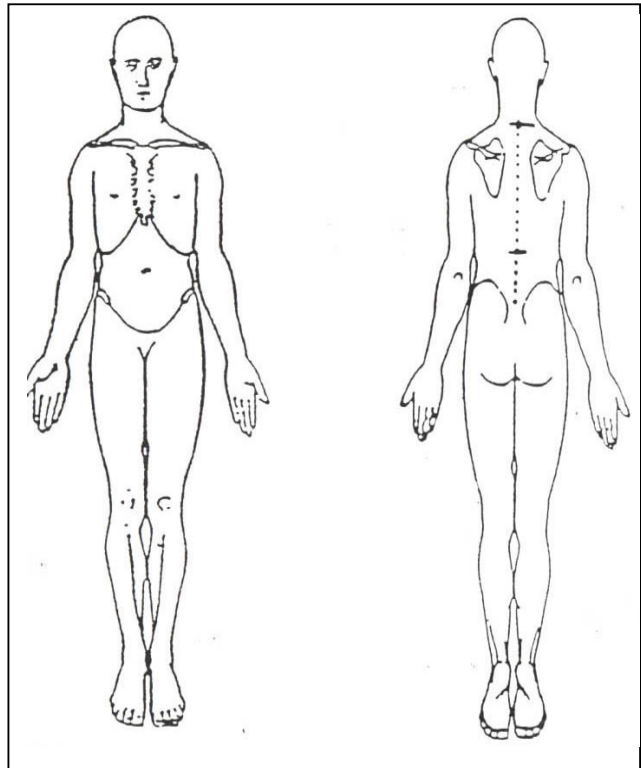
Associated Neurological Symptoms
 (Complete Body Chart as appropriate)

Saddle anaesthesia? Y / N

Bowel or Bladder disturbance? Y / N If yes, a PR exam should be performed. If any suspicion of Cauda Equina Syndrome, immediate referral to the Emergency Department is indicated.

	Right	Left	Dermatomal Level Involved
Paraesthesia	_____	_____	_____
Numbness	_____	_____	_____
Power	_____	_____	_____
Tone	_____	_____	_____
Co-ordination	_____	_____	_____
Reflexes			
Knee	_____	_____	_____
Ankle	_____	_____	_____

PLEASE INDICATE AREAS OF PAIN and NEUROLOGICAL SYMPTOMS



Tenderness _____

	Right	Left
Straight Leg Raise	_____	_____

If limited, is this because of pain in the:

	Y / N	Y / N
Back	Y / N	Y / N
Leg	Y / N	Y / N

Previous Treatment for Back Pain:

(Ideally, unless urgent, your patient should access Physiotherapy Services prior to referral to this clinic)

Physiotherapy: Y / N

If Yes, please attach Physiotherapy Report or complete this referral form in consultation with the Physiotherapist

Previous Physiotherapy Treatments and Outcomes:

Physiotherapist Impression:

Other Treatments: e.g. Surgery, Pain Injections, Acupuncture, Alternative Tx:

Back Pain Triage Clinic Contact Details

**Orthopaedic Appointments
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Sligo General Hospital**

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