



# GP Direct Access Shoulder Pain Ultrasound Referral

<b>PATIENT DETAILS</b>	<b>REFERRER DETAILS</b>
------------------------	-------------------------

Name:		GP Name:	
Date of Birth:		GMC Number:	
Address & Post-code:		GP Practice address & postcode:	
NHS Number:		GP Practice code:	
Gender:		GP Practice telephone number:	
Contact Number:	Home:	GP Practice NHS email address:	
	Mobile:	Date of Referral:	
Mobility:	<input type="checkbox"/> Walk <input type="checkbox"/> Chair <input type="checkbox"/> Stretcher	Hospital Transport:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional needs:	<input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Interpreter Language _____ <b>Mental Health</b> _____		
Patient medical status:	Allergies:	Asthmatic:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Diabetic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____		

**CLINICAL INDICATIONS**

Duration of Shoulder Pain: \_\_\_\_\_

If the shoulder US examination reveals findings deemed appropriate for an ultrasound guided subacromial injection of steroid and anaesthetic, would you like this to be performed at the same attendance?  Yes    No

**CLINICAL INFORMATION (must be completed in full)**

Has there been a trial of appropriate conservative management (pharmacological pain management, activity modification, physiotherapy) for at least 6 weeks?	
Is the shoulder pain typical of subacromial impingement? <i>(If no, consider secondary care opinion when conservative measures fail*)</i>	
Are there any Yellow Flag Signs? <i>(please refer to table 1)</i> <i>(If yes, ultrasound may not be the best examination, consider secondary care opinion *)</i>	
Has there been any previous surgery? <i>(If yes, please attach details of the same, discharge letter)</i>	
Has the patient had an x-ray of the shoulder? <i>(If yes, please specify where and when)</i>	

<b>Table 1 YELLOW FLAGS</b>	<b>Indicators for non impingement shoulder pain – consider secondary care opinion before organising imaging; US may not often be the best first line exam:</b>
<ol style="list-style-type: none"> <li>1. Apprehension, Instability, previous dislocation*</li> <li>2. Indicators of inflammatory arthropathy (with multiple joint involvement)</li> <li>3. Sport related injury, symptoms not typical of impingement – consider sports clinic referral *</li> <li>4. Cervical spondylosis/thoracic outlet syndrome - if there is associated radicular pain radiating below the elbow –neurological examination suggests intractable radicular symptoms, MRI C Spine.</li> <li>5. Symptoms of long head biceps pathology (SLAP tear)*      * Shoulder Clinic and Sports Injury Clinic – Telephone 01216854296   Fax 01216854219</li> </ol>	

**REFERRER DECLARATION**

**Please confirm and tick all of the below:**

GP Practice email has been included to allow communication of urgent findings and also to communicate back to the GP Practice if the investigation has been rejected.

Once completed, the signed form will be emailed to the address below.

I understand that failure to complete the form fully and correctly will result in rejection and the form being returned.

If ionising radiation is used, I have explained the risks and benefits to the patient as per IR(ME)R

<b>REFERRERS SIGNATURE:</b>	<b>PRINT NAME:</b>	<b>DATE:</b>
-----------------------------	--------------------	--------------