**RMS Referral Form**

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| Priority | | | Date of referral | | |
|  | | | | | |
| **Patient Details** | | | | | |
| Patient Forename |  | | Date of birth |  | |
| Patient Surname |  | | NHS Number |  | |
| Address |  | | Gender |  | |
|  | Ethnicity |  | |
| Post code |  | |  |  | |
| Phone numbers | Home | Mobile | | | Work |

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| **GP Details** | | | |
| Referring GP | GMC number | Practice address |  |
| Registered GP | |  |
| Referring practice | |  |
| Practice telephone | |  |
| Practice email | |  |

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| **Patient information** | | | |
| Do any of the following apply? | | | |
| Hard of hearing |  | Partially sighted |  |
| Learning disability |  | Communication difficulty |  |
| Sign language |  | Aphasia |  |
| Advocacy services needed? | | Is an interpreter required? If yes please state language | |
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| **Required information** | | | |
| BMI |  | Height |  |
| Weight |  |
|  | | | |
| For referrals to cardiology please include an ECG from the last 12 months | | | |

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| **Referral for potential routine surgery (hip arthroplasty, knee arthroplasty or hernia surgery)**  [latest info available on referral management website] | |
| Do you expect this referral to result in routine surgery? | Yes / No |
| Has the patient been fully, or best, optimised for potential surgery as per medical markers below? | Yes / No |
| If not, please provide detail below: | |
| Has the patient previously been discharged solely for optimisation for this surgery?  If yes, please include a copy of the discharge letter | Yes / No |

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| **Referral Metrics:** to support In Shape for Surgery [latest info available on referral management website] | Please include date of last entry | |
| *The following metrics should be within the last 3 months for routine surgery* | | *Threshold for referral* |
| BP |  | *BP > 160/100* |
| Pulse |  | *AF rate >100* |
| Has patient been auscultated for heart murmur? |  | *Un-investigated murmur* |
| Has any new murmur detected been investigated? |  | *Must be investigated* |
| Is patient diabetic? |  | *Yes - complete HbA1c* |
| Is patient at risk of diabetes? (BMI ≥ 30 or known pre-diabetes) |  | *Yes - complete HbA1c* |
| HbA1c (if diabetic or at risk of diabetes) |  | *Hba1c > 69mmol/mol* |
| Haemoglobin (for major surgery i.e. TKR/THR) |  | *Hb < 130g/L If not, investigate and treat to achieve minimum of 120 g/L* |
| Smoking Status |  |  |
| If smoker, has patient been advised that they should ideally be smoke free for 8 weeks prior to surgery? Has the patient been referred to the smoking cessation service? |  | *Must have been referred* |

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| **Preferred Hospital (if any):** |  |
| **Speciality:** | **Named Clinician (where clinically appropriate):** |
| **Reason for Referral:** | |
| **Referral Letter:** | |

**Significant Past Medical History:**

**Active Problems**

**Significant Past:**

**Drugs Prescribed:**

**Known Drug Allergies:**