

Patient Name:

Address:

Date of Birth:

NHS Number

Consultant/Service to whom referral will be made:

**Please send this form with the referral letter.**

## Common Hand Conditions – Dupuytren’s Disease

### Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS /  
Secondary Care complete the checklist and file for future compliance audit.

The CCG will only fund correction of Dupuytren’s disease when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one of the following criteria.</i>	Delete as appropriate	
<b>**30 degrees or more fixed flexion at the metacarpophalangeal (MCPJ) joint OR</b>	Yes	No
<b>** 20 degrees or more fixed flexion at the proximal interphalangeal (PIPJ) joint OR</b>	Yes	No
Severe thumb contractures which interfere with function	Yes	No

*\* If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further information. If patient meets the above criteria then prior approval is not required. \*\* Inability to flatten fingers or palm on table*

