

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 – Trigger Finger

Instructions for use:

Please refer to policy for full details, complete the checklist and file for future compliance audit.

The CCG will only fund Trigger finger correction when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets the following criteria:</i>	Delete as appropriate	
Failure to respond to up to two steroid injections** or splinting of the finger for 3-12 weeks (does not apply if the patient has had 2 previous trigger digits unsuccessfully treated with non-operative methods) AND	Yes	No
Loss of complete active flexion OR Diabetics	Yes	No

**** Where injection of trigger finger is not available in primary care, please refer to MSK for this treatment**

** 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.*