

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.

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 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** (one in the case of patients with diabetes mellitus) 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) <b>AND</b>	Yes	No
Loss of complete active flexion	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. If patient meets the above criteria then prior approval is not required.*

