

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 – Ganglions

Instructions for use:

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

The CCG will only fund correction of Ganglion(s) 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	
Painful seed ganglia** that persist or recur after puncture/aspiration OR	Yes	No
Mucoid cysts that are disturbing nail growth or have a tendency to discharge (risk of septic arthritis in distal inter-phalangeal joint) OR	Yes	No
Wrist ganglia associated with neurological deficit, restricted hand function or severe pain	Yes	No
If the diagnosis is in doubt	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*

*** A seed ganglia is a fluid filled swelling that appears at the base of the finger on the palm side.*