

## Referral form to Paediatric MSK Outpatient Physiotherapy

### Referral to:

**Service Referred to:**

Paediatric Outpatient MSK Physiotherapy Department  
Stephenson Wing  
Sheffield Children's Hospital  
Western Bank  
Sheffield  
South Yorkshire  
S10 2TH

Email: scn-tr.physio-admin@nhs.net

**Please email completed referral to scn-tr.physio-admin@nhs.net**

### Patient Details Details merged from patient record – please check before sending

Patient Name			
Address			
DOB		NHS no.	
Pref tel no		Gender	
Mobile		Ethnicity	
Home Phone			
Main spoken language		Interpreter needed?	
Referral date		Available at short notice?	

### Registered/Referring GP Details

Practice Name			
Referring GP			
Registered GP Address			
Tel No			
Email		Practice Code	

### Reason for Referral: this section to be completed manually – not merged from computer record

Condition – listed in anatomical order		Please indicate by X below
Neck	Neck pain (over 10 years old)	
	Torticollis	
Shoulder	Shoulder pain/instability	

Elbow	Elbow pain	
Spine	Thoracic spine pain (over 10 years old)	
	Low back pain (over 10 years old)	
Hip	Hip pain (if possible SUFE send to A&E/ possible Perthes refer for xray and orthopaedics)	
	Perthes (known diagnosis)	
	Post hip-surgery	
	Post-surgical SUFE	
	Snapping hip	
Knee	Knee pain	
	Patellofemoral pain/instability	
Ankle	Ankle pain	
	Ankle sprain/instability	
Foot	Toe walking	
	Symptomatic flexible flat feet	
	Positional talipes	
Other	Generalised leg pain	
	Diagnosed apophysis avulsion fracture (state location)	
	Traction apophysitis (state location)	
	Post-fracture rehabilitation (state location of fracture)	
	Other – please state (note conditions not accepted by this service – see below)	

**Consultation summary/additional details of condition:** eg duration of symptoms, details of onset

**Additional relevant information** (including neurodiversity, social care involvement and additional communication needs eg poor vision, poor hearing, learning disability)

Clinical information merged from computer record

Height:	Latest Weight:	BMI:
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Medication:
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Allergies:
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We **do not** accept referrals directly to physiotherapy for the following:

- Headaches
- Facial palsy
- TMJ pain – direct to dental practice
- Obstetric brachial plexus injury – refer to Ryegate under 5's physiotherapy team.
- Wrist and hand injuries/pain – send directly to hand therapy at SCH
- Spine pain in under 10 year olds - refer directly to spinal team at SCH
- Concerns over possible scoliosis - refer directly to spinal team at SCH
- Suspected Scheurmanns – refer directly to spinal team at SCH
- Concerns regarding possible spondylolisthesis - refer directly to spinal team at SCH
- Suspicion of possible SUFE - redirect to A&E
- Suspicion of possible Perthes - X ray and refer to orthopaedics
- In-toeing/out-toeing gait – refer directly to orthopaedics at SCH
- Genu varum/genu valgum - refer directly to orthopaedics at SCH
- Suspicion of neurological disorders