

Tel: 020 8487 6101
email: gaitlab@stgeorges.nhs.uk

UPPER LIMB ASSESSMENT REFERRAL FORM

To the Referrer

Please complete sections 1 - 6 overleaf. Please ensure that the patient's GP completes the section below before sending it to the Gait Laboratory.

To the GP

Please complete below with your details and sign to confirm that you are happy for us to proceed with the assessment for this patient. If you require any information please contact us at the address above.

Patient Details	
Full Name (forename, surname):	Date of Birth:

GP Details	
Name:	
Address:	
Postcode:	
CCG:	
Signature of GP:	Date:

When completed, please return this form to the Gait Laboratory at the address above

Queen Mary's Hospital Upper Limb Assessment Referral Form

1. Patient Data	
Full Name (forename, surname):	Date of Birth:
Full Address:	Contact Telephone Number:
	NHS Number:
Postcode:	
<i>If referral is for a child, please also supply parent / carer name below:</i>	
Full Name:	Relationship to Child:

2. Details of Referrer	
Name of Referrer:	Date Form Completed:
Position:	
Address:	
Telephone Number:	
Email Address:	

3. Reasons for Referral
<i>Summarise the question(s) you hope to have answered/information you wish to obtain through the upper limb assessment.</i>

Queen Mary's Hospital Upper Limb Assessment Referral Form

Patient Name (forename, surname):	Date of Birth:
--	-----------------------

4. Clinical Data
Diagnosis:
Present upper limb problems:
Splints/Orthoses used:

5. Type of Upper Limb Assessment Requested
<i>Please place a mark in the box(es) as appropriate; all tests will be videoed.</i>
Action Research Arm Test: <input type="checkbox"/> Nine Hole Peg Test: <input type="checkbox"/>
Jebsen Taylor Test of Arm Function: <input type="checkbox"/> Box and Blocks: <input type="checkbox"/>
In addition to this, we will send out a functional questionnaire to the patient in the post, prior to their appointment. Currently we are using the ArmA questionnaire <i>(Ashford, S, Turner-Stokes, L, Slade, M. 2009 Development of the arm activity measure for assessment of activity in the hemiparetic arm, Society for Research in Rehabilitation Spring 2009 Abstracts.)</i>

6. Additional Information	
Expected date of any planned interventions <i>(for example: relevant surgery; orthotics or Botulinum Toxin injections)</i>	
Date by which you would like the upper limb assessment undertaken: <i>(Our aim is to see patients within 8 weeks of receipt of referral)</i>	
Date by which you would like the report completed: <i>(Our aim is to produce reports within 4 weeks of the appointment)</i>	
Please add any further information that you believe will be helpful for the assessment:	

This form MUST be completed by the referrer and the front sheet signed by the patient's GP

Document Review Date: 01/05/2015