**Virtual Fracture Clinic Referral Form**

**Exclusion Criteria:**

1. Open fracture 5. No fixed abode or in prison
2. Unstable fracture 6. No access to telephone
3. Nerve or blood vessel injury 7. Patients with safeguarding concerns or memory
4. Under 16 years of age impairment

Please do not refer to virtual fracture clinic. If the patient falls under criteria 1 to 3 they should be discussed with the orthopaedic team regarding appropriate onwards management. If the patient falls under criteria 4 to 7 then they do not require a virtual fracture clinic referral and would instead be booked into fracture clinic.

**Patient Details**

**Patient Name:**

**NHS Number:**

**Patients address:**

**Date of Birth:** Click here to enter a date.

**Patient email address:**

**Telephone Number:**

*Please ensure this is accurate as they will be contacted by phone*

**GP name and address:**

**Next of Kin:**

**Name:**

**Address:**

**Relationship to patient:**

**Clinical Details**

**Date of Injury:** Click here to enter a date. **Date of Assessment:**Click here to enter a date.

**Mechanism of injury/brief history/clinical findings:** (include site tender on palpation/ scissoring/ deformity)

**Diagnosis:**

**Treatment Given/Additional information:**

**Currently in:** Choose an item.

**Referrer’s Details**

**Referring Clinician’s Name:**

**Referring Clinician’s Job Title:**

**Location of Referral:**

*Please give patient a Virtual Fracture Clinic contact details* ***020 3299 4041*** *and explain that they will be contacted within 72 hours to discuss their management plan. If they are not contacted by 72 hours advise them to call the number provided.*

**Please email this referral to:**

**King’s College Hospital, Denmark Hill**: kch-tr.dh-virtual-fracture-clinic@nhs.net

**Princess Royal University Hospital**: kch-tr.pruh-virtual-fracture-clinic@nhs.net