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**Virtual Fracture Clinic Referral Form**

**Exclusion Criteria:**

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| --- | --- |
| 1. Open fracture | 1. Under 16 years of age |
| 1. Unstable fracture | 1. No access to telepgone |
| 1. Nerve or blood vessel injury | 1. Safeguarding concerns of memory impairment |
| 1. No fixed abode/ prison |  |

Option 1-3: Please do not refer to virtual fracture clinic - this patient should be discussed with the on-call orthopaedic team before leaving the department.

Options 4-7: Please do not refer to virtual fracture clinic - this patient should have an appointment booked in fracture clinic at A&E reception before leaving the department.

**Patient Details**

**Patient Name:**

**NHS Number:**

**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*

**Occupation:**

**GP Borough:**Choose an item.

**Patient Clinic Preference:** Choose an item.

**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:** Choose an item.

*Please give patient a Virtual Fracture Clinic business card and explain that following a review remotely by the Orthopaedic Team, 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 on the business card.*

*King's College Hospital Princess Royal University Hospital*

*Contact number: 020 3299 4041 Contact number: 01689 865 136*

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