**Paediatric Musculoskeletal Outpatients Physiotherapy Referral (Hospital site)**

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| **Patient Details**\*SURNAME: | \*FIRST NAME: | \*D.O.B: |
| \*ADDRESS: |  | \*POSTCODE: |
| \*PHONE: | MOBILE: |  |
| \*NEXT OF KIN: |  | \*Consent for Referral? Y / N |
| Primary language: | Interpreter needed?  Y / N |  |
| **\*G.P.: Practice name & Address:** |  | G.P. phone: |
| **\*REASON FOR REFERRAL:***(where appropriate please include surgery details, surgery date, name of consultant, post-op instructions and orthopaedic follow-up plan)* |
| **Any other relevant info (PMH, medication, social, school participation etc):** |
| \*NAME OF REFERRER: |  | \*DESIGNATION: |
| \*ADDRESS of REFERRER:\*EMAIL ADDRESS: |  | \*PHONE:\*DATE: |
| **GP Referrals:** **AHP referrals:****Contact us:** **Address for Patients:** **Postal Address:** **Website:** | **NHS E-Referral Service (e-RS):** Physiotherapy (Paediatrics Under 16 years) not via Children’s ServicesEvelina Paediatric Physiotherapy OutpatientsEmail: gst-tr.evelinahospitalphysio@nhs.netTelephone: **0207 188 4660**Ground Floor Ocean, Evelina London Children’s HospitalSt. Thomas’ Hospital Westminster Bridge Road, LONDON, SE1 73HPaediatric Physiotherapy, Evelina London4th Floor Becket House1 Lambeth Palace Road, LONDON SE1 7EU<https://www.evelinalondon.nhs.uk/our-services/hospital/physiotherapy/overview.aspx> |