**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 Services  Evelina Paediatric Physiotherapy Outpatients  Email: [gst-tr.evelinahospitalphysio@nhs.net](mailto:gst-tr.evelinahospitalphysio@nhs.net)  Telephone: **0207 188 4660**  Ground Floor Ocean, Evelina London Children’s Hospital  St. Thomas’ Hospital Westminster Bridge Road,  LONDON, SE1 73H  Paediatric Physiotherapy, Evelina London  4th Floor Becket House  1 Lambeth Palace Road,  LONDON SE1 7EU  <https://www.evelinalondon.nhs.uk/our-services/hospital/physiotherapy/overview.aspx> | | | | | | |