

Surname:	GP & Practice Address
Forename:	Referring GP signature
Address:	GP Tel. Number:
Postcode:	Date of Referral:
D.O.B: NHS Number	If English is the patients first language Is an interpreter required? YES <input type="checkbox"/> NO <input type="checkbox"/>

Please indicate the main diagnoses for which Orthotic Management is required from the list below.

Achilles Tendonitis	Hallux Valgus	Perthes
ACL	Hernia	Pes Cavus
Ankylosing Spondylitis	Hip Dislocation	Pes Planus
Anterior Knee Pain	Hyper mobility Syndrome	Polio
Carpal Tunnel	Knee Pain	Polyarthralgia
Cerebral Palsy	Leg Length Discrepancy	Postural Drop
CTEV	Metatarsalgia	Psoriatic Arthritis
CVA/Stroke	Metatarsus Adductus	PTTD
De Quevains	MND	Rheumatoid Arthritis
Diabetes	Mortons Neuroma	Sesamoiditis
Discitis	Multiple Sclerosis	Severs
Down Syndrome	Muscular Dystrophy	Spina Bifida
DVT	Osgood Schlatters	Spondylolysis/lysthesis
Epicondylitis	Osteoarthritis	Spondylosis
Femoral Rotation	Osteomyelitis	Tenonitis
Foot Drop	Osteoporosis	Undiagnosed/Idiopathis
Fracture	Painful feet	Varicose Veins
Hallux Rigidus	Patella Dislocation	Varicose Eczema
Other, please state below:		

Type of Orthosis requested (please state)

Please tick

New Orthosis

Replacement Orthosis

Made to measure Compression Hosiery (please indicate why made to measure hosiery is required)

Compression Class

Class I

Class II

Class III

Leg

Left

Right

Bilateral

Length

Above Knee

Below Knee

Patient has been made aware these items are subject to NHS prescription charge

Transport required – YES

NO

Transport Type -

Other Compression Garments (please detail below and state classification)

Please Indicate Orthotic Treatment Objective and Patients Expectation

Relevant Past Medical History

Current medication

Orthotic Department Use Only

Complex or Non-complex		Urgent or Routine	
Appointment Type Single or Double			
AFO	Insoles	Footwear	Footwear Adaptation
Upper limb	Wrist/Hand	Knee (brace)	Hip/ Knee
Hosiery / Fabric Support	Spinal	KAFO	Other

Please send completed referrals to;

Orthotics Service, Therapies Centre, Hull Royal Infirmary, Anlaby Road HU32JZ.

Telephone 01482 605315 / 605317