

Musculoskeletal Ultrasound Referral Form

Patient Details

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| Surname |  | | | | |
| Forename |  | | | | |
| Address |  | DOB | |  | |
|  | | Postcode | |  |
| Contact No. |  | | Sex | | M / F |

Referring Clinician Details

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| --- | --- | --- | --- | --- |
| Name |  | | | |
| e-mail address |  | Contact No. | |  |
| Clinic Address |  | | | |
|  | | Postcode |  |
| Profession |  | | | |

Clinical Details

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| Complaint History: |

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| Medical History |  |
| Previous Imaging |  |
| Allergies |  |
| Clinical Questions |  |
| Working Diagnosis |  |
| Studies Requested |  |

Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Imaging:

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| **SHOULDER:**  Rotator Cuff Tendon Tear, Tendinopathy or Calcification  Sub Acromial Pain Syndrome  Long Head of Biceps Tendinopathy, Subluxation or Rupture  Shoulder Joint Effusion  Bursitis |

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| **ELBOW:**  Common extensor origin rupture/tendinopathy  Common flexor origin rupture/tendinopathy  Distal biceps rupture/tendinopathy Olecranon bursitis  Ulna nerve entrapment/subluxation Ulna and radial collateral ligament assessment  Joint effusions |

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| **WRIST:**  Assessment of tendon compartments dorsum of wrist (including De Quervain’s disease, intersection syndromes and ECU tenosynovitis) Assessment of carpal tunnel and median nerve Ganglia evaluation  Inflammatory arthropathy Finger pulleys and tendon assessments  Evaluation of foreign bodies |

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| **FOOT AND ANKLE:**  Achilles tendon assessment Plantar fasciitis Morton’s neuroma Below knee musculature and tendon assessment  Assessment of medial, lateral and anterior ankle ligaments  Tarsal joint evaluation |

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| **KNEE:**  Femoral musculature and tendon assessment  Quadriceps and Patellar tendon tendinopathy  Knee joint effusion or loose bodies. Bursal evaluation (Baker’s cyst)  Assessment of medial and lateral collateral ligaments |