



BEACHES CHIROPRACTIC

Musculoskeletal Ultrasound Referral Form

Patient Details

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

Referring Clinician Details

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

Clinical Details

Complaint History:

Medical History	
Previous Imaging	
Allergies	
Clinical Questions	
Working Diagnosis	
Studies Requested	

Clinician Signature: _____

Date: _____

Imaging:

SHOULDER:

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

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

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

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

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