REFERRAL FORM
National Spinal (Scoliosis) Service

Referrals to the National Spinal (Scoliosis) Service must be made by consultant grade clinicians, or named clinicians by prior agreement with the service. Referral guidance and further information regarding the service can be found at www.nhslothian.scot.nhs.uk/ourservices/ourservices.asp

Referral to the service is appropriate at the point of assessment for surgical management of a spine deformity.

*The National service wishes to ensure that patients are not exposed unnecessarily to excess radiation and recognises not all local services are able to undertake the full suite of diagnostic x-ray examination. This should only be undertaken by units which are able to offer this to a standard which will avoid the need for duplication at time of the specialist assessment OP clinic.

Any patient referred for a specialist assessment who does not require immediate or imminent surgical intervention will be returned to the local service to be managed as close to home as possible with advice and support being provided by the national service.

CHI No …………..………………….

Surname……………………………..

First Name……………………………..

DOB…………………………………

Contact No. ……………………….

Date of Request …………………………………………….

Referrer's Name ………………………………………….

Referrer's Designation …………………………………..

Referrer's Signature……………………………………….

Contact No……………………………………………….

Department……………………………………………..

CLINICAL DETAILS

Scoliosis Classification:

☐ Idiopathic
☐ Congenital
☐ Neuromuscular
☐ Syndromic
☐ Scheuermann's
☐ Other …………………….

• Does this patient require an interpreter? ☐ Yes ☐ No   Language …………………………………………………….

Results of Investigations*

Imaging, X-ray, CT or MRI (available on National PACS? Yes/No):

Respiratory:

Cardiology:

Other:

For official use only

Date: ☐ Referral meets referral criteria   ☐ Referral accepted
Consultant: ☐ Referral does not meet referral criteria   ☐ Referral rejected
Patient to be offered appointment at: ☐ Edinburgh
                                                  ☐ Glasgow

Comments:

Return this form to the Spinal Secretary, RHCYP, 50 Little France Crescent, Edinburgh EH16 4TJ
Unfortunately it is not possible to accept referrals without completion of this form.