

The Emergency Department

Physiotherapy Referral

Physiotherapy Telephone Triage

Date:

Dear Colleague

Regarding (Date of birth)

The above-named presented to this department on

Reason.....

Diagnosis/es:

- | | | | | | |
|---------------|--------------------------|---------------|--------------------------|------------|--------------------------|
| Neck Pain | <input type="checkbox"/> | Ankle Pain | <input type="checkbox"/> | Wrist pain | <input type="checkbox"/> |
| Low Back Pain | <input type="checkbox"/> | Foot Pain | <input type="checkbox"/> | Hand Pain | <input type="checkbox"/> |
| Hip Pain | <input type="checkbox"/> | Shoulder Pain | <input type="checkbox"/> | | |
| Knee Pain | <input type="checkbox"/> | Elbow Pain | <input type="checkbox"/> | | |

Investigation/s:

Management:

.....

Follow-up arrangements: At your discretion Review Clinic

Signed: GP Fracture Clinic

.....
Emergency Medicine Consultant Registrar SHO ANP