

# The Emergency Department



## Physiotherapy Referral

/ / 2012

Dear Colleague

Regarding ..... (date of birth: / / )

The above-named presented to this department on / / 2012

Reason.....

Diagnosis/es:

- |                     |                          |                   |                          |                 |                          |
|---------------------|--------------------------|-------------------|--------------------------|-----------------|--------------------------|
| Neck Pain- CS6      | <input type="checkbox"/> | Ankle Pain- AK4   | <input type="checkbox"/> | Wrist Pain- WR4 | <input type="checkbox"/> |
| Low Back Pain- LS10 | <input type="checkbox"/> | Foot Pain-FT13    | <input type="checkbox"/> | Hand Pain- HD19 | <input type="checkbox"/> |
| Hip Pain- HP14      | <input type="checkbox"/> | Shoulder Pain-SH4 | <input type="checkbox"/> |                 |                          |
| Knee Pain- KN5      | <input type="checkbox"/> | Elbow Pain- EL4   | <input type="checkbox"/> |                 |                          |

Investigation/s:

Management:

.....

- Follow-up arrangements: (a) at your discretion
- (b) Review Clinic / GP / Fracture Clinic

Signed:

.....  
Consultant / Registrar / Senior House Officer  
in Emergency Medicine / Advanced Nurse Practitioner

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