Flinders Medical Centre – Hands & Orthopaedic Clinic

☐ **Orthopaedic Trauma Referral:** Director Orthopaedic Trauma - Professor R. Jaarsma

Hand injury Referral → ☐ **Hands Plastics Referral** to Head of Plastic Surgery, Associate Prof. N. Dean

OR

→ ☐ **Hands Ortho Referral** to Head of Ortho Hands and Upper Limb, Prof.G. Bain

N.B. Are Plastics or Ortho on call for hands?
(for most cases refer to the on call team)

Fax: **8204 4059** Phone: **8204 7777** Source of referral (Circle) **FMC NHS SCDH**

Patient details:

UR ____________________

DOB ____________________

Name ____________________

MANDATORY
Mobile: ____________________
Home/other:
____

GP name:
Phone: ____________________

Please advise the patient that they have not been contacted **after 5 working days** they should contact the orthopaedic outpatient clinic

X-ray/CT/Ultrasound/MRI or Bloods:

Yes ☐ No ☐	If yes:
FMC PAC	☐
ADAM	☐
J & P	☐
Bensons	☐
Radiology SA	☐
Other state *upload to FMC system*	☐
Bloods	☐

ADL affected? Yes ☐ No ☐

Employment affected? Yes ☐ No ☐

Past History ____________________

____

Date of injury ____________________

Date of review ____________________

Mechanism of injury ____________________

____

Body part(s) affected (actual site) ____________________

____

Provisional diagnosis ____________________

____

____

Fracture Yes ☐ No ☐	Displaced Yes ☐ No ☐
Wounds Yes ☐ No ☐	Able to weight bear Yes ☐ No ☐

Treatment plan: (eg. backslab, sling, etc.)

____

____

Discussed with: ____________________

Treatment/education given to patient ____________________

____

Is the patient suitable for virtual clinic? Y/N

Health care provider details:

Name ____________________

Signature Provider no. ____________________