AQP neck and back pain referral form

This form is for GP referrals only. To choose a provider, download the list of musculoskeletal service any qualified providers (AQP) in Cornwall and the Isles of Scilly: [bit.ly/4a9LTzX](https://bit.ly/4a9LTzX)

**Important note for clinicians**: Once the patient has chosen a provider, please ask them to arrange their appointment and take this completed form with them.

# Patient details

| **Question** | **Response** | **Question** | **Response** |
| --- | --- | --- | --- |
| Name: |  | Home or mobile telephone: |  |
| Address: |  | Postcode: |  |
| NHS number: |  | Date of birth: |  |
| Ethnicity: |  | Gender: |  |
| Nationality: |  | Is an interpreter required? | [ ]  Yes [ ]  No |
| Registered GP: |  | GP practice: |  |
| GP address: |  | GP contact: |  |

The AQP does not provide treatment for women over 35 weeks pregnant, housebound patients and the following patients (GPs should refer to other services):

* with any suspicions of serious pathology (for example red flags)
* with widespread or chronic pain for more than 1 year
* who have primary peripheral limb problem with secondary neck or back pain
* recurrent neck or back pain
* under 16 years old
* identified to have little or no potential for further or sustained improvement
* who are not registered with a GP in Cornwall and the Isles of Scilly

# Reason for referral

| This includes presenting complaint and brief description of symptoms, for example mechanical or postural back or neck pain, whiplash associated disorder, cervicogenic headaches. |
| --- |
|  |

| **Medical problems** | **Response** |
| --- | --- |
| Please list any medical problems and provide a summary. |  |
| Acute or repeat medication: |  |
| Please list any allergies or sensitivities: |  |

| **Other useful information** | **Response** |
| --- | --- |
| How long has the patient had this complaint? |  |
| Has the problem previously been treated with manual therapy such as physiotherapy, osteopathy, or chiropractor (if so, please give details)? |  |
| Are the symptoms worsening? | [ ]  Yes [ ]  No |
| If the patient's symptoms are not located in the neck or back, do you suspect that they originate from the spine? |  |
| Radiology? | Please attach report if appropriate (in last 6 months). |

# Referrals

**What type of referral is this?** [ ]  Urgent [ ]  Routine

**If urgent, which of the following urgent criteria apply?**

[ ]  Significant impairment of activities of daily living. For example, sleep disturbance, off work, unable to fulfil duties as a carer.

[ ]  Significant risk of deterioration without further intervention.

[ ]  Significant neurological deterioration.

## Referrer details

| **Question** | **Response** | **Question** | **Response** |
| --- | --- | --- | --- |
| Name: |  | Date of referral: |  |
| Address: |  | Base: |  |
| Practice ID: |  | Designation: |  |
| Postcode: |  | Telephone: |  |

Please note that if a patient has already been seen by an AQP MSK provider in the preceding 12-month period, a second AQP referral is not permissible for the same injury or body part (unless it is justified that initial package of AQP care should be re-opened).

Once the patient has chosen a provider (use link at top of form), please ask them to arrange their appointment and take this completed form with them.