Manchester Limb Reconstruction Unit

Manchester Foundation Trust · Manchester Royal Infirmary

REFERRAL PROFORMA

How to return this form

Type directly into the fields below, then save. Completed forms hold patient-identifiable data — return by a secure route only:
NHS e-Referral Service • nhs.net secure email to limbrecon@mft.nhs.uk

Referring clinician

NAME

GRADE / ROLE

HOSPITAL / TRUST

EMAIL (FOR REPLY)

TELEPHONE

DATE OF REFERRAL

Patient details

FULL NAME

DATE OF BIRTH

NHS NUMBER

HOSPITAL NUMBER

AFFECTED LIMB / SIDE

Clinical information

WORKING DIAGNOSIS

URGENCY ☐ Routine ☐ Urgent ☐ Acute

IMAGING ☐ X-ray ☐ CT ☐ MRI

RELEVANT HISTORY & CURRENT MANAGEMENT

REASON FOR REFERRAL / SPECIFIC CLINICAL QUESTION