**SHOULDER REFERRAL PROFORMA**

**DIAGNOSIS:**

🞏 Rotator cuff tear (patient under 65)

🞏 Recurrent shoulder dislocation

🞏 Arthritis

🞏 Second opinion**1**

🞏 Other – please state diagnosis (includes all other rotator cuff tears)

**HISTORY:**

**CLINICAL FINDINGS:**

**IMAGING:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES/NO | DATE | FACILITY WHERE IMAGING PERFORMED**2** |
| XRAY (AP & AXIAL) |  |  |  |
| ULTRASOUND |  |  |  |
| MRI |  |  |  |

PLEASE ATTACH COPIES OF ALL IMAGING REPORTS

**TREATMENT SO FAR**

🞏 PHYSIOTHERAPY

🞏 STEROID INJECTION

🞏 OTHER (PLEASE STATE)

**1. Please attach copies of all relevant letters and imaging reports if for second opinion – it is impossible to provide an adequate second opinion without them**

**2. This is so we can obtain the images for review via the Image Exchange Portal if they were not done at St George’s**