

**ORTHOTIC REFERRAL FORM DSC113**

**KNEE BRACE**

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM (USING BLOCK CAPITALS) – ALL INCOMPLETE REFERRALS WILL BE RETURNED**

Please return completed form to the following address:

Bristol Centre for Enablement  
Highwood Pavillions  
Jupiter Road  
BS34 5BW  
Tel No: 0117 414 4900

You can e-mail your referral to [orthotics@nbt.nhs.uk](mailto:orthotics@nbt.nhs.uk)

<p><b>Patient Details:</b></p> <p><b>Surname:</b> <input style="width: 90%;" type="text"/></p> <p><b>Forenames:</b> <input style="width: 90%;" type="text"/></p> <p><b>Mr/Mrs/Miss/Other:</b> <input style="width: 90%;" type="text"/></p> <p><b>Address:</b> <input style="width: 90%; height: 40px;" type="text"/></p> <p><b>Postcode:</b> <input style="width: 90%;" type="text"/></p> <p><b>Telephone No:</b> <input style="width: 90%;" type="text"/></p> <p><b>E-mail:</b> <input style="width: 90%;" type="text"/></p>	<p><b>NHS no:</b> <input style="width: 90%;" type="text"/></p> <p><b>Sex: M/F</b> <input style="width: 40%;" type="text"/>      <b>Diabetic: Y/N</b> <input style="width: 40%;" type="text"/></p> <p><b>Date of Birth:</b> <input style="width: 90%;" type="text"/></p> <p><b>GP Name:</b> <input style="width: 90%;" type="text"/></p> <p><b>GP Address:</b> <input style="width: 90%; height: 40px;" type="text"/></p> <p><b>Postcode:</b> <input style="width: 90%;" type="text"/></p> <p><b>GP Telephone No:</b> <input style="width: 90%;" type="text"/></p>
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<p><b>Clinical Diagnosis:</b> <i>(Circle as appropriate)</i></p> <p>Medial OA</p> <p>Lateral OA</p> <p>Right/Left</p> <p>Surgical Plan:</p>	<p>Height: _____</p> <p>Circumference at 15 cms above.....</p> <p>Circumference at 15 cms below.....</p> <p>Circumference at knee.....</p>
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**Objective of Knee Brace:**

**Significant History & Active Problems:**

**Referrer Details:**

**Name:**

**Position:**

**Location**

**Tel No:**

**E-mail:**

**Lead Consultant:**

**Inpatient: Yes / No**

**Date:**

**Ward:**

**Signature:**

**What Speciality are you referring on behalf of? (Circle as appropriate)**

**GP**

**Medicine**

**Children's Services**

**Neurosciences**

**Renal**

**Rheumatology**

**Women's Health**

**Surgery**

**Orthopaedics**

**Other, Please Specify.....**

