



ORTHOPAEDIC REFERRAL FORM

DEMOGRAPHICS	
Patient Name	
Patient DOB	
MRN	

DIAGNOSES	
List all known injuries	
Mechanism of injury	
Background Hx- Medical /Surgical status/Clearance for Transfer	
Medication	
Drug Allergies	
Indicate if patient has a history of Multidrug Resistant Organisms (MDROs) or other Infection Risks: (e.g. MRSA/ESBL/Clostridium Difficile / CRE / MDR Pseudomonas)	

CURRENT STATUS	
ACLS	
Airway	
Breathing	
Circulation	
Circulation	
Disability	
Environment	
GCS	
Injury Severity Score	
Treatment Received	



BLOOD RESULTS			
FBC			
HB		RDW	
RCC		PLT	
HCT		WWC	
MCV		MCHC	
MCH			
LFT			
Total Protein		ALT	
Albumin		Alkaline Phosphatase	
Total Bilirubin		Gamma GT	

U&E			
Sodium		Potassium	
Creatinine		Urea	
CRP		CRP	
Glucose		Coag Screen	
Lactate		LDH	
SPEP			

UROLOGICAL INJURIES
Suspected urological injury (i.e. blood at urethral meatus, high riding prostate, perineal bruising, etc.)
Details of catheter inserted (size, difficulty of insertion, haematuria)
Urine dipstick (positive/negative for haematuria)
Urological imaging (cystography, urethrography, CT)

TRANSFER STABILITY STATUS – SELECT ONE OPTION		
ICU	WARD	NOT SUITABLE

REFERRING DETAILS
Referring Hospital Name:
Referring Consultant & MCRN:
Referring Registrar & MCRN:
Telephone # of Referring Registrar:
Doctor Contacted in TUH, Date and Time:



Tallaght
University
Hospital

Ospidéal
Ollscoile
Thamhlachta

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