



Diagnostic Musculoskeletal Ultrasound Referral Form

Patient Details:

Surname			
Forename			
Address		DOB	
		Postcode	
Contact No.		Sex	M / F

Referring Clinician Details:

Name			
E-mail Address		Contact No.	
Clinic Address			
		Postcode	
Profession			

Clinical Details:

History:

Medical History	
Previous Imaging	
Allergies	
Clinical Questions	
Working Diagnosis	
Studies Requested	

Clinician Signature: _____

Date: _____

What we Assess:

Shoulder:

Rotator cuff tendinopathy/tear/calcification
Long head of biceps tendinopathy/rupture or subluxation
Shoulder joint effusion
AC joint stability
Bursitis

Elbow:

Common extensor origin tendinopathy/rupture
Common flexor origin tendinopathy/rupture
Distal biceps tendinopathy/rupture
Olecranon bursitis
Ulna nerve entrapment/subluxation
Ulna and radial collateral ligament assessment
Joint effusion

Wrist:

Assessment of tendon compartments dorsum of wrist (including De Quervain's, Intersection syndromes and ECU tenosynovitis)
Assessment of carpal tunnel and median nerve
Ganglia
Inflammatory arthropathy/synovitis
Finger pulleys and tendon assessments
Evaluation of foreign bodies

KNEE:

Quadriceps and patellar tendinopathy/rupture, Osgood Schlatter's
Knee joint effusion or loose bodies.
Bursitis
Medial and lateral collateral ligament assessment

Foot and Ankle:

Achilles tendinopathy/rupture
Plantar fasciitis
Morton's neuroma
Assessment of medial, lateral and anterior ankle ligaments
Tarsal joint assessment