**Joint Hypermobility Referral Form**

**All referrals to the service are received via the Electronic Referral Service (eRS) – “Rheumatology” and mark referral “Suspected Joint Hypermobility”**

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| **Please select the urgency of the referral** | |
| Routine □ | Urgent □ |

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| **PATIENT NAME, ADDRESS AND TELEPHONE NO.** | **DATE OF BIRTH** | **NHS NO.** | **CURRENT DIAGNOSES** |
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| *The vast majority of adults with musculoskeletal hypermobility do not require further investigations or onwards referral*  *A small number of adults may require either*   1. *An echo and reassurance if normal* 2. *Referral straight to clinical genetics at the BRI* 3. *Referral to a specialist Congenital heart disease clinic at the BRI* |

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| **Simple hypermobility with more widespread features – Consider referral to specialist physiotherapy in RNHRD or RNHRD clinicians if diagnostic uncertainty.** |
| * Widespread musculoskeletal hypermobility (more than 4 joints) PLUS one or more of   + Joint pain, particularly in hypermobile weight-bearing joints □   + Functional difficulties □   + Poor core strength and balance □ |

*Please include past medical history and medication list*

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| **REFERRING GP’s NAME** | **SURGERY DETAILS** | **DATE OF REFERRAL** |
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| **GMC registration number** |  |

***Further Guidance on management of patients with hypermobility requiring alternative services:***

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| **Simple hypermobility – Reassure and de-medicalisation and advise patient to keep active. No physiotherapy necessary**   * Widespread musculoskeletal hypermobility (eg more than 4 joints) without significant pain or functional difficulties |

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| **Features of widespread pain or psychological stress – consider symptom management and referral to pain team for chronic pain management and chronic fatigue services. Consider psychological intervention or IAPT services for mood disturbance** |
| * Widespread pain without hypermobility * Pain not confined to joints * Emotional distress * Poor sleep * Psychosocial issues |

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| **Referral to clinical genetics (Department of Clinical Genetics, St Michaels Hospital):**   * Personal history of aneurysm * Personal history of dissection of artery * More than 7 long bone fractures * Obstetric history of uterine rupture * More than 7 long bone fractures in a close relative * True cutis laxa (not soft skin) – if really extreme and with other physical signs |

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| **Referral to CHDC service – Dr Graham Stuart, Consultant Cardiologist (Congenital heart disease), congenital heart centre, Bristol heart institute**   * Personal history of aneurysm * Personal history of dissection of artery * Abnormal aortic root on echocardiogram * FH of unexplained sudden death before aged 50 * FH of thoracic aneurysm or dissection * FH of at least 2 relatives (one first degree) with aneurysm or dissection at any age * Abnormal echo after referral for cardiac murmur |

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| **Referral for echo to assess aortic root – use local services. Put on referral form: “specialist echo required to assess aortic root. Possible genetic collagen abnormality such as Marfans syndrome”**   * Personal history of spontaneous pneumothorax * Cardiac murmur |