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| **Patient details** |
| Name |  | NHS Number |  |
| DoB |  | Hospital Number |  |
| Telephone |  | Email |  |
| **Referral Details** |
| Date |  | Name of referrer |  |
| Time |  | Contact details |  |
| Referring Hospital |  |  |  |
| Referral taken by |  | Discussed with(if applicable) |  |
| **Details of referral** |
| Site |  | COVID status |  |
| Laterality |  | Photos on trauma email? |  |
| Date of injury |  | Time |  |
| Co-morbidities |  | Smoking |  |
| Mechanism |  |
| Examination (including relevant imaging) |  |
| **Outcome of referral** |
| Working diagnosis |  | Outcome |  |
| Advice given |  |
| Date communicated to referrer |  | Time |  |

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