**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 □
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*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
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