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**Patient Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forename (s)** |  | | **Gender** |  |
| **Surname** |  | | **DOB:** |  |
| **Address** |  | | | |
|  | **Postcode** |  | |
| **Home Tel:** |  | **Mobile Tel:** |  | |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
|  | **Postcode:** |  |
| **Email** |  | **Profession** |  |

**Clinical Details:**

|  |
| --- |
| Clinical History: |

|  |  |
| --- | --- |
| Medical Hx: |  |
| Previous imaging |  |
| Clinical Questions |  |
|  |
| Working Dx |  |
| Region Requested |  |

Clinician Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indications for imaging:**

**SHOULDER**

Rotator cuff tear, tendinopathy, or calcification

Subacromial pain syndrome

Long Head Biceps Tendinopathy/Subluxation/Rupture

Shoulder Joint Effusion

Bursa Assessment

**ELBOW**

Common extensor origin tendinopathy/rupture

Common flexor origin tendinopathy/rupture

Distal biceps tendon rupture/tendinopathy

Olecronon bursitis

Ulnar nerve entrapment/subluxation

Ulnar and Radial collateral ligament assessment

Joint Effusion

**WRIST**

Assessment of the Extensor compartment of the wrist (including De Quervain’s disease, intersection syndrome and ECU tenosynovitis)

Carpal Tunnel and Median Nerve Assessment

Ganglia Evaulation

Inflammatory Arthropathy

Finger Pulley and Tendon assessments

Evaluation of Foreign Bodies

**FOOT AND ANKLE**

Achilles Tendon Assessment

Plantar Fasciopathy/Fasciitis

Morton’s Neuroma

Below Knee Musculature and Tendon Assessment

Assessment of Medial, Lateral and Anterior Ankle Ligaments

Tarsal Joint Evaluation

**KNEE**

Femoral Musculature and Tendon Assessment

Quadriceps and Patellar Tendon Assessment

Knee joint effusion or loose bodies

Bursal Evaluation/Bakers Cyst

Assessment of Medial and Collateral Ligaments