# 42. TRIGGER FINGER REFERRAL FORM

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| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address buildingSender address roadSender address post town |
| Address | Patient address housePatient address roadPatient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient AgeDate of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |       |

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| --- |
| Diagnosis and relevant history:      |
| Current (incl repeats) and past relevant medication & reason for stopping:      |
| Allergies:Allergies |

### Referral Criteria (tick those that apply):

*Funding will be considered the where patient meets criteria (see below). The clinician needs to ensure that the patient fulfils all the criteria before they are referred to secondary care. Where the patient does not fulfil the criteria the Exceptions Form will need to be completed. This can be found on the CCG’s website In order to do this the Exceptional Circumstances Submission form will need to be completed and can be found on the CCG’s website* [*http://www.valeofyorkccg.nhs.uk/rss/data/uploads/polvs/june-2015/voy-exceptions-submission-form.doc*](http://www.valeofyorkccg.nhs.uk/rss/data/uploads/polvs/june-2015/voy-exceptions-submission-form.doc)

NHS Vale of York CCG does not routinely commission surgery for trigger finger but will consider funding if the following criteria are met

* Significant symptoms which have failed to respond to conservative measures including at least 2 corticosteroid injections (NB: if a patient refuses steroid injections IFR will need to consider this case on an individual basis) [ ]
* Fixed deformity that cannot be corrected [ ]
* Co-existing inflammatory or degenerative disorders of the hand [ ]
* Co-existing nerve entrapment syndromes or Dupuytren’s disease [ ]

**Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.**

If the patient does not meet any of the above criteria state reason for referral:

Has funding been approved by the Individual Funding Request Panel

(Please tick) [ ]

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### For Trust usage

Patient listed for surgery: Yes [ ]  No [ ]

Comments: