

Referral to Ponseti Service at Royal Free Hospital

Name of baby:	MRN	NHS no
DOB:	GP name	
Address:	GP address	
Mother's name	GP tel no	
Phone no		
Other parents' name	Alternative phone no for family:	
Phone no		
Diagnosis (structural talipes/ calcaneovalgus; unilateral/bilateral)		
Social worker name and contact tel		
Ante-natal diagnosis (ultrasound) Yes/No		
Pregnancy details		
Birth details (Apgars, Breech, BW, twin, feeding breast/bottle)		
Pirani Score (if known)		
Hip ultrasound for 6 weeks (booked y/n)		
Family history (history of talipes in the family)		
Other relevant information: (Language, mother's health status)		
Name of referring Consultant		
Contact address		
Tel no		
Printed name of referrer		Date

1. **Referrals to be emailed urgently to:** rf-tr.rfh-ponseti@nhs.net
2. If further information is required or you wish to discuss a patient with us prior to referral please use the email address above or contact either Miss Olivia Malaga Shaw or Nikki Shack using the details below.
3. **If the patient is an inpatient at RFH – please also contact the physios to see the baby on the ward as well as completing this form**

Miss Malaga Shaw, Consultant Orthopaedic Surgeon, Dept. of Orthopaedics, RFH

Tel 0207 794 0500 x 34610

Nikki Shack, Clinical Specialist Paediatric Physiotherapist, Children's Physiotherapy Dept

Tel 020 7472 6629