Belfast Health and Social Care Trust

**Virtual Fracture Clinic Referral** 

caring supporting improving together

HSC

TO CALL	SE INFORM PATIENTS	L RECEIVE A PHONE CALL *** S THAT IF THE HOSPITAL NEEDS OM A WITHHELD NUMBER ***
M Az M	VH  IIH  AH  IUH  ther	Patient Details Name: DOB: H&C: Telephone No:
Date of injury: /	/ Date & Time	of ED attendance:/ / :
Employment:		Dominant hand: Left Right
Mechanism of injury:		
	Stand Frink	eferrals@BelfastTrust.hscni.net
ED Patient Discha Check X-Ray performed Patient information leaf Analgesia prescribed an	(ESSENTIAL)	Contact details completed above VTE prophylaxis (if appropriate) Interpreter required?
Analgesia prescribed an		
VFC use only Consultant name:		Date:
VFC use only		Date:
VFC use only Consultant name:		Date:
VFC use only Consultant name:		Date: