

Virtual Fracture Assessment Referral Form
Please email this completed referral form to
fhft.virtualfractureclinic@nhs.net Contact number Frimley : 07584 330634
fhft.vfcwph@nhs.net Contact number Wexham 07584 558 292

General VFC		Hand VFC (only for injury of the metacarpal or phalanges)	
Patient Details Please provide the patient with "VFC Patient Information leaflet"			
Surname:		Date of Birth:	
Forename:		Gender:	
Address:		NHS Number:	
		Hospital Number:	
		Interpreter req:	Y N
		Prisoner:	Y N

Consent to contact patient:	Y	N	GP Name & Address:	
Telephone Number:			GP Tel Number:	
Email Address:				

Patients need to be contactable the next working day from referral by telephone

Clinical Details			
Referral Date:		Date of Injury:	
Mechanism of Injury:			
?Diagnosis:		Region:	
Assessment Findings:			

Investigations:	X-RAY	MRI	CT	US	Other:
Equipment Supplied:	Boot	Splint	Brace	Crutches	
	Full Cast	Back Slab	Sling	Other:	

Additional Information:	
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