

Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Common Hand Conditions – Ganglions

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

There is no indication for the routine excision of simple wrist ganglia and these should not be routinely referred except where there is ND deficit or severe pain. (Refer through IFR)

To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund correction of Ganglion(s) when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one of the following criteria.</i>	Delete as appropriate	
	Yes	No
Painful seed ganglia	Yes	No
Mucoid cysts that are disturbing nail growth or have a tendency to discharge (risk of septic arthritis in distal inter-phalangeal joint)	Yes	No
If the diagnosis is in doubt	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to The Individual funding request policy for further information*