

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 – Trigger Finger

Instructions for use:

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

**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 Trigger finger correction when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets <b>one</b> of the following criteria.</i>	Delete as appropriate	
Triggering with difficulty actively extending finger/need for passive finger extension <b>or</b>	Yes	No
Loss of complete active flexion <b>or</b>	Yes	No
Failure to respond to conservative treatment (up to 2 corticosteroid injections)**	Yes	No

**\*\* Where injection of trigger finger is not available in primary care, please refer to MSK CATS for this treatment**

**\* 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.**