

Emergency Referral to A&E



The Royal College of
Chiropractors

Date:	
Time:	

PATIENT	
Name:	
DoB:	
Address:	
Tel:	

REFERRER (Chiropractor)	
Name:	
Address:	
	Complete
	or apply
	practice stamp
Tel:	
Email:	

CLINICAL DETAILS	
Relevant History: (include trauma)	
Clinical Findings:	
Red Flags:	
Relevant Medications: (if known)	
Treatment Received:	

Reason for Emergency Referral: (suspected diagnosis)	
Comments:	

Instructions to the Patient

Your Chiropractor suspects you have a condition that requires immediate medical attention. Please attend your nearest Accident and Emergency Department without delay and present this form to the receptionist.

Instructions to the Chiropractor

This form has been developed by the Royal College of Chiropractors and has been designed to be used for emergency referral of patients who you suspect have a condition that requires immediate medical attention. When completed in full, this form includes the essential information required to facilitate A&E triage.

DO use this form for emergency referrals to A&E

DO instruct the patient to present the completed form to their nearest Accident and Emergency Department without delay or, if relevant, pass the completed form to ambulance staff

DO ensure you retain a copy of the completed form for your records

DO NOT use this form for urgent or routine referrals to General Practitioners

Information for Accident and Emergency Staff

This form has been developed by the Royal College of Chiropractors and has been designed to be used by Chiropractors for emergency referral of patients who they suspect have a condition that requires immediate medical attention. While it is rare for emergency cases to present to Chiropractors, these practitioners do encounter suspected cases of cauda equina syndrome, fracture, stroke, MI and other emergency conditions, and are qualified and competent in the early identification of these conditions. Emergency referral of a patient by a Chiropractor should be taken seriously.