## **Ashford Carpal Tunnel Service**

Please return completed forms to:

 Fax:
 0300 1234459

 Email:
 kcht.rmc@nhs.net

Post: Referral Management Centre, Trinity House, Upper Pemberton, Ashford, Kent. TN25 4AZ

1. Patient details: (insert label)		2. Practice details:		
DO	AME: OB: HS no:	INSERT PRACTICE STAMP/LABEL HERE		
3. Patient's preferred phone number:		5. Name of GP:		
4. Email address:		6. Date:		
7. Referral and Treatment Criteria: (please tickA or B)				
	A.Patient has received 8 weeks pre-referral splinting?□			
	B. Patient is unsuitable for splinting?			
	C. Carpal Tunnel Questionnaire Score			
8.	CTS symptoms: (please circle as appropriate)			
	A.Hand(s) affected: Right / Left / Both	B.Duration of onset:		
9.	Previous treatment for CTS: (please circle as appropriate)			
	A.CTS surgery: Right / Left / Both	B.Cortisone injection? Yes / No		
10.	GP investigations:(please complete all)			
	A. Diabetic?	Yes / No		
	B.Thyroid Function Test (last 12 months)?	Yes / No		
	C. Any allergies?			
	D. Other medical history:			
11. Current Medication: (please indicate if patient is taking any medication which may prolong bleeding)				
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OFFICE USE:  Date received Assessment Surgery				

## **Carpal Tunnel Syndrome Scoring**

## Scored questionnaire versus EMG testing

A scored questionnaire can replace nerve conduction studies in the initial assessment of patients presenting with CTS. This questionnaire is based on the work of Levine et al and has been validated in secondary care for the diagnosis of CTS by Kamath and Stothard. The results gave a sensitivity of 85% for the scored questionnaire compared to 92% for nerve conduction studies. Importantly the positive predictive value was 90% for the questionnaire and 92% for the nerve conduction studies.

INSTRUCTIONS: YES, NO or N/A (circle)

Has pain in the wrist woken you at night?	Yes = 1	No = 0
Has tingling and numbness in your hand woken you during the night?	Yes = 1	No = 0
Has tingling and numbness in your hand been more pronounced first thing in the morning?	Yes = 1	No = 0
Do you have/perform any trick movements to make the tingling, numbness go from your hands?	Yes = 1	No = 0
Do you have tingling and numbness in your little finger at any time?	Yes = 1	No = 0
Has tingling and numbness presented when you were reading a newspaper, steering a car, holding a telephone or knitting?	Yes = 1	No = 0
Do you have any neck pain?	Yes = 1	No = 0
Has the tingling and numbness in your hand been severe during pregnancy?	Yes = 1	No = 0
Has wearing a splint on your wrist helped the tingling and numbness?	Yes = 1	No = 0

Score of less than 3: Unlikely to be CTS Score of 5 or more: Likely to be CTS

Score 3 or 4 : Unclear