

Please ensure that all sections are completed *(please tick as appropriate)*

Patient Information

Surname:.....

First name:.....

TLOC number:.....

Date of birth: ..... / ..... / .....

Telephone:.....

Male:  Female:

Clinical Information:

Exam Required:

Please discuss the following contraindications with the patient and tick as appropriate:

**U/S Guided Injections:**

Taking Warfarin (stop 48 hours prior to injection)

Taking Rivaroxaban (stop 24 hours prior to injection)

Taking Clopidogrel (stop 24 hours prior to injection)

Taking Enoxaparin (stop 24 hours prior to injection)

Taking Apixaban (stop 24 hours prior to injection)

**Autologous Conditioned Plasma (ACP) Injection:**

Taking anti-inflammatory medication

Previous steroid injection in the last 12 weeks

Taking anti-platelet/anti-coagulation medications

(as per "U/S Guided Injections" above)

Does the patient wish to be enrolled on the

TLOC outcomes study?

Yes  No

Patient Information Leaflet provided?

Yes  No

Signed by:

I confirm I have discussed the proposed treatment and contraindications with the patient:

Referrer's name and address or stamp

Contact number: