

**Patient Completed Physiotherapy Self-Referral Form**

**(Not available for patients under 16 years)**

**Date:**

 GP Name GP Surgery

**Please turn over**

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| You can now self-refer to physiotherapy for muscle and joint problems without needing to see your GP. Please read and complete all parts of this form.  |
| Please consult your **GP URGENTLY** or **NHS 24** by calling **111** if you have recently/suddenly developed:* Difficulty passing urine or controlling bladder / bowels
* Numbness or tingling around your back passage or genitals
* Numbness, pins and needles or weakness in both legs
 | Please inform your GP of this referral if you:* Have recently become unsteady on your feet
* Are feeling generally unwell / fever
* Have a history of cancer
* Have any unexplained weight loss
 |
| Name: Date of Birth: (not available for those under 16 years) M [ ]  / F [ ]  |
| Address: Postcode: Telephone Home:  |
| Telephone Mobile: Do you consent to receiving text messages: Yes [ ]  / No [ ]  |
| Do you have any special requirements? (e.g. interpreter) Yes [ ]  / No [ ]  Please describe: |
| Email: **Do you consent to receiving emails from the MSK service? Please circle Yes / No** |
|  |
| Line drawing of a human body front and back | **Please mark on the diagram below the location of your main problem with a cross (X) where you are having your symptoms** **Is your pain / problem due to a recent fall or injury?** Yes [ ]  / No [ ] **Please describe your current problem and symptoms below:** |

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| **Please answer the following questions about your current problems and how they affect you, on average, over the course of a week.** |
| Are your day to day activities affected by your symptoms? | Not at all [ ]  Mildly [ ]  Moderately [ ]  Severely [ ]   |
| Are your symptoms disturbing your sleep? | No [ ]  Yes, difficulty getting to sleep [ ]  Yes, woken up from sleep [ ]  Yes, unable to sleep at all [ ]  |
| If in pain, how would you describe it? | Mild [ ]  Moderate [ ]  Severe [ ]   |
|   |  |
| How long have you had your current problem? *Please state how long if more than 12 weeks* | Less than 2 weeks [ ]  2-6 weeks [ ]  7-12 weeks [ ]  More than 12 weeks [ ]  \_\_\_\_\_\_ weeks |
| Have you had physiotherapy for this problem before? | Yes [ ]  No [ ]  If yes, how long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did it help? Yes [ ]  / No [ ]  |
| Did your problem start:  | Gradually [ ]  Suddenly [ ]  As a result of an injury [ ]   |
| Are your symptoms: | Improving [ ]  Staying the same [ ]  Worsening [ ]  |
| Are you: | Still working [ ]  Off sick due to this problem [ ]  On long term disability [ ]  Other e.g. retired / student / carer/ parent (please circle) |
| Employment status – are you: | Employed [ ]  Unemployed [ ]  Retired [ ]  Student [ ]  Carer [ ]  |
|  |  |
| Due to your current problem are you unable to? Please give details:  | Work [ ]  Play sport [ ]  Care for a dependent [ ]  Drive [ ]  Other [ ]  |
|  |  |

**Please tick the box where you would like to have your Physiotherapy:**

|  |  |
| --- | --- |
| **Please post, email or deliver in person to:** **MSK Physiotherapy Department** **Ashfield Health & Wellbeing Centre****Portland Street****Kirkby in Ashfield, NG17 7AE****Email address** **not-tr.mska-mphysiotherapy@nhs.net****OR** **Return it to the receptionist at your GP practice** | **Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.** **[ ]  Ashfield Health and Wellbeing Centre****[ ]  Newark Hospital, Newark****[ ]  Collingham Medical Centre****[ ]  Crown (Clipstone) Medical Centre****[ ]  Southwell Medical Centre****[ ]  Mansfield Community Hospital****[ ]  Kings Mill Hospital Mansfield****If necessary, you will be offered a choice of where to be seen, but we reserve the right to withdraw a location if waiting times become excessive.**  |