

**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**](mailto: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.** |