

# Patient Completed Physiotherapy Self-Referral Form

(Not available for patients under 16 years)

Date:

GP Name

GP Surgery

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: \_\_\_\_\_

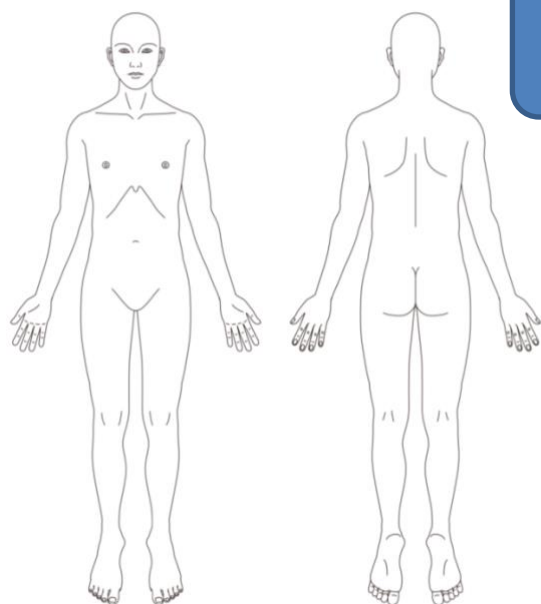
Postcode: \_\_\_\_\_ Telephone Home: \_\_\_\_\_

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



**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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Are your symptoms disturbing your sleep? No  Yes, difficulty getting to sleep   
Yes, woken up from sleep  Yes, unable to sleep at all

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If in pain, how would you describe it? Mild  Moderate  Severe

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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

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Have you had physiotherapy for this problem before? Yes  No  If yes, how long ago? \_\_\_\_\_  
Did it help? Yes  / No

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Did your problem start: Gradually  Suddenly  As a result of an injury

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Are your symptoms: Improving  Staying the same  Worsening

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Are you: Still working  Off sick due to this problem   
On long term disability   
Other e.g. retired / student / carer/ parent (please circle)

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Employment status – are you: Employed  Unemployed  Retired  Student   
 Carer

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Due to your current problem are you unable to? Work  Play sport  Care for a dependent   
Drive  Other

Please give details:

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**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.