*MSK*

***together***

***An integrated MSK service for Mid-Nottinghamshire***

**Physiotherapy Self-Referral**

**Refer yourself directly to physiotherapy**

**The MSK Service is suitable for low back pain, neck pain, recent strains and sprains, joint and muscle pain.**

**Don’t use this form if:**

1. You are a patient under 16
2. You are a Clinician
3. You are being cared for by the

Pain Service. If you are, contact the service directly if you have a number or go back to your GP

**If you experience any of the below please see your GP before self-referring**

1. Have recently become unsteady on your feet
2. Are feeling generally unwell or have a

fever

1. Have any unexplained weight loss
2. Have a history of cancer

**Urgently Consult your GP or NHS 24 (by calling 111) if you have recently/ suddenly developed – DO NOT self-refer with these symptoms:**

1. Difficulty passing urine or controlling bladder/bowels
2. Numbness or tingling around your back passage or genitals
3. Numbness, pins and needles or weakness in both legs

**Before you complete this form please try the advice on the website:**

<https://www.mansfieldandashfieldccg.nhs.uk/our-services/msk-musculoskeletal>

**Telephone (mobile):**

**Telephone (home):**

**Postcode:**

**Address:**

**Female**

**Male**

**Date of Birth:**

**Name:**

**Do you consent to: receiving text messages? Yes No**

**Email address:**

**Do you consent to sharing your electronic health record with the MSK service? Yes No**

**Date:**

**Signature:**

**GP Surgery:**

**GP Name:**

**Do you consent to receiving emails from us? Yes No**

**How do your current problems affect you (on average) over the course of a week?**

**Severely**

**Moderately**

**Mildly**

**Not at all**

**Are your day to day activities affected by your symptoms?**

**Yes, unable to**

**sleep at all**

**Yes, woken up**

**from sleep**

**Yes, difficulty**

**getting to sleep**

**No**

**Are your symptoms disturbing your sleep?**

**Severe**

**Moderate**

**Mild**

**If you are in pain, how**

**would you describe it?**

**If more than 12, how many weeks?**

**7-12 weeks**

**2-6 weeks**

**Less than**

**2 weeks**

**How long have you had your current problem?**

**No**

**long ago?**

**If yes, how Did it help? Yes**

**No**

**Yes**

**Have you had**

**physiotherapy for this before?**

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

**Are you symptoms: Improving Worsening Staying the same**

**Is your current problem stopping you from doing any of the following:**

**Work: Yes No Playing sport: Yes No Driving: Yes No**

**If you have answered yes to anything on the list, please give details below:**

**No**

**Yes**

**Are you a wheelchair user or do you have any other mobility issues?**

**No**

**Yes**

**Caring for a dependent:**



**Please describe your current problem and symptoms below:**

**Please mark on the body diagram (with an X) where your main problem is and where you are having symptoms**

**Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.**

Ashfield Health and Wellbeing Centre Newark Hospital

Collingham Medical Centre Crown (Clipstone) Medical Centre Southwell Medical Centre Mansfield Community Hospital King’s Mill Hospital Mansfield

# Please post, email or deliver in person to:

## MSK Physiotherapy Department Ashfield Health & Wellbeing Centre Portland Street

**Kirkby in Ashfield. NG17 7AE**

[**mskreferralhub-admin@nottshc.nhs.uk**](mailto:mskreferralhub-admin@nottshc.nhs.uk)

**Or return it to the receptionist at your GP practice**