

Patient Completed Physiotherapy Self-Referral Form

(Not available for patients under 16 years)

Date:

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: _____

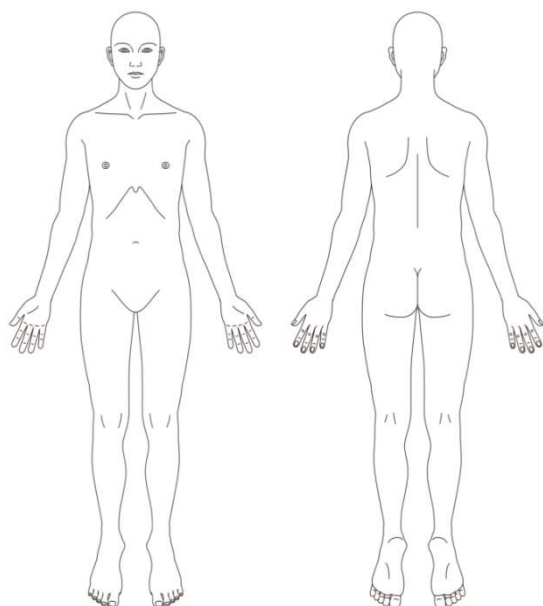
Telephone Mobile: _____ Do you consent to receiving text messages: Yes / No

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

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? Work Play sport Care for a dependent
Drive Other

Please give details:

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.