## **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 $\square$ / No $\square$   |  |  |  |
| 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: |  |  |  |

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Please note that information sent by email over the internet is not secure. This means that there is a risk of it being intercepted and read by people other than those it was intended for Please turn over

| 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 w<br>More than 12  | — <u> </u>   |  |
| Have you had physiotherapy for this problem before?   | Yes \(\sime\) No Did it help? \(\frac{1}{2}\)  | lf yes, how long ago?<br>es □ / 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  Carer  | Unemployed Retired Student   |  |
| Due to your current problem are you unable to?  | _  | Play sport  Care for a dependent  Other  |  |
| Please give details:  |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Please tick the box where you would   | d like to have y   | our Physiotherapy:   |  |
| Please post, email or deliver in person to:   |  | Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.   |  |
| MSK Physiotherapy Department<br>Ashfield Health & Wellbeing Centre<br>Portland Street<br>Kirkby in Ashfield, NG17 7AE             |  | □ Ashfield Health and Wellbeing Centre □ Newark Hospital, Newark □ Collingham Medical Centre □ Crown (Clipstone) Medical Centre □ Southwell Medical Centre |  |
| Email address <u>not-tr.mska-mphysiotherapy@nhs.net</u> OR  |  | ☐ Mansfield Community Hospital ☐ Kings Mill Hospital Mansfield   |  |
| Return it to the receptionist at your GP practice   |  | 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.         |  |

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