Referral Form Continued

Are your symptoms:
☐ Improving ☐ Worsening
☐ Staying the same

Are you:
☐ Off sick due to this problem
☐ On long term disability benefit
☐ Other _____

Are you unable to care for a dependent due to this problem?
☐ Yes ☐ No ☐ N/A

Do you have/have you had any other medical problems? Please list:

If you answer yes to any of the questions in this box, please discuss this referral with your GP before sending it to physiotherapy.

Have you experienced:	Yes	No
- Relentless night pain that is not improved by changing position?	☐	☐
- A sudden, unexplained loss of your bladder or bowel control, or a loss of feeling around your bottom/genitals?	☐	☐
- Sudden unplanned weight loss?	☐	☐
- Poor / worsening general health?	☐	☐
Have you ever had / are you currently having treatment for cancer?	☐	☐

Please continue on an extra sheet if you need more space.

If your symptoms get significantly worse while you wait to see the physiotherapist then you are advised to see your GP.

Non-Attendance

If, for whatever reason, you no longer require an appointment then please contact the department on 0121 685 4120 and leave a message.

If you do not attend your physiotherapy appointment and have not informed us first then you will be discharged from treatment.

Please give as much notice as possible when cancelling an appointment to allow us to reuse this appointment for another patient.

Contact Information

If you require further information please contact:

Physiotherapy Department
The Royal Orthopaedic Hospital
Bristol Road South
Northfield
Birmingham
B31 2AP
Tel: 0121 685 4120
Email: roh-tr.therapies@nhs.net

The Royal Orthopaedic Hospital NHS
NHS Foundation Trust

PHYSIOTHERAPY SELF REFERRAL

Do You Require Physiotherapy Treatment?

Physiotherapy Self Referral

Physiotherapy self referral is a system which allows you to refer yourself to a physiotherapist without having to see a doctor first.

How does it work?

Please complete the attached form and hand it to the reception desk at The Royal Orthopaedic Hospital Physiotherapy Department or post it to the address on the back of this form. Please complete the form fully, giving as much information as possible.

Once you are at the front of the waiting list the physiotherapy department will contact you to arrange an appointment for assessment. Following this appointment a treatment plan will be agreed with you.

If your referral is not appropriate for physiotherapy treatment then you will receive a letter/phonecall advising you to see your GP regarding this problem.

Your GP will be informed when you have been discharged from treatment and will be provided with a summary of your progress.

Examples of conditions physiotherapy may be able to help:

- Joint & Muscle Pain
- Back & Neck Pain
- Rehabilitation after fractures or orthopaedic surgery
- Soft tissue injuries
- Whiplash
- Sports injuries
- Mobility problems

Conditions which are not appropriate for referral to this service:

We are unable to accept patients for physiotherapy for treatment of the following conditions. There may be other services available for you; please discuss this with your GP.

- Neurological conditions e.g. stroke, MS or head injury
- Non musculo-skeletal pain
- Respiratory problems e.g. asthma, cystic fibrosis and chronic lung disease
- Re-referrals for the same condition (which has not changed) within 6 months of discharge from physiotherapy

Referral Form

Title: Date of Birth:
Name:
Address:

Home Phone:
Mobile:
Email Address:
NHS Number:
GP Name and Surgery:

Today's Date:

Where is your main pain? (Please tick one box)

☐ Head	☐ Neck	☐ Shoulder
☐ Elbow	☐ Wrist	☐ Hand
☐ Upper Back	☐ Lower Back	☐ Buttock
☐ Hip	☐ Thigh	☐ Knee
☐ Shin	☐ Ankle	☐ Foot

How long have you had your pain?

☐ <2weeks
☐ 2weeks-3months ☐ >3months

Did your symptoms start:

☐ Gradually ☐ Suddenly
☐ As a result of an accident/injury

Please list what makes your pain:
Better:

Worse:

Have you had this problem before?
☐ Yes ☐ No
If yes please give further details:

Please turn over…