

Self-Referral Form to Musculoskeletal Physiotherapy

Please complete all sections of the form on both sides. You can refer to our website for more information about our service and how your data is stored and used.
www.elht.nhs.uk/services/integrated-msk-pain-and-rheumatology-service

Section 1 Disclaimer

To proceed with Self-Referral to Physiotherapy,

- **you MUST be aged 16 years of age or over**
- **have had your symptoms for 6 weeks or more**
- **be able to answer 'no' to the following questions.**

Have you recently or suddenly developed low back pain and/or leg pain with any of the following symptoms?

- A new onset of bladder or bowel incontinence
- New altered sensation around the genitals or back passage
- New loss of sexual function

If you are experiencing any of these symptoms, please seek immediate medical advice by calling 111, attending your nearest Emergency Department (in East Lancashire this is Royal Blackburn Teaching Hospital), or contact your GP practice promptly.

Do you have:

- An extremely painful hot swollen joint.
- Constant severe pain and you are unable to find relief.
- A history of cancer within the past 12 months or are you being actively treated for cancer
- An appointment with, or have you recently been seen by, the Rheumatology, Pain Management Service or any other Hospital Consultant for this problem
- A problem you feel is more of a medical issue

If you are experiencing any of these symptoms, please seek immediate medical advice by calling 111, attending Urgent Care Centre or contact your GP practice promptly.

I confirm I DO NOT have any of the above and I am 16 years of age or older.
 Please proceed to Section 2 and complete ALL sections of the form.

Section 2 Personal Detail

Title:

Mr / Mrs / Ms / Miss / Other

Address:

Surname:

Forenames:

Postcode:

Male Female

DOB:

Telephone Number:

Mobile Number:

GP Practice:				GP Address:			
NHS Number:				Email Address:			
Do you have any special requirements that we need to know about prior to your appointment? E.g. interpreter							
Section 3 Reason for Referral							
Please select the area you are self-referring for							
Neck	Mid Back	Lower Back	Shoulder or Elbow	Wrist or Hand	Hip or Knee	Ankle or Foot	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please give a brief summary e.g. How did the problem start, describe your symptoms, when does it trouble you the most, is it affecting your work or day to day activities?							
Is your problem	Worsening		Improving		Staying about the same		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
What have you already tried for this problem?							

Please check you have completed all sections of this form.

A clinician will review the information you have provided. If it is deemed more appropriate for you to be seen at your GP Practice first, you will be notified via the telephone number you have given within 5 days of us receiving this form.

Please send your completed form to any of the sites listed below.

<p>Accrington</p> <p>Accrington PALS Health Centre Paradise Street Accrington BB5 2EJ</p> <p>Tel: 01254 736018</p>	<p>Blackburn</p> <p>Barbara Castle Way Health Centre Simmons Street Blackburn BB2 1AX</p> <p>Tel: 00154 736111</p>	<p>Burnley</p> <p>St Peter's Centre Church Street, Burnley BB11 2DL</p> <p>Tel 01282 805570</p>
<p>Burnley</p> <p>Burnley General Teaching Hospital Casterton Avenue, Burnley BB19 2PQ</p> <p>Tel: 01282 803294</p>	<p>Clitheroe</p> <p>Clitheroe Community Hospital Ground Floor, Chatburn Road Clitheroe BB7 4JX</p> <p>Tel 01200 449030</p>	<p>Darwen</p> <p>Darwen Health Centre James Steet West Daren BB3 1PY</p> <p>Tel 01254 736121</p>
<p>Nelson</p> <p>Pendle Community Hospital Leeds Road Nelson BB9 9SZ</p> <p>Tel 01282 804983</p>	<p>Rosendale</p> <p>Rosendale Health Care Centre Bacup Road, Rawtenstall BB4 7PL</p> <p>Tel 01706 235398</p>	