Patient Completed Physiotherapy Self-Referral Form



(Not available for patients under 16 years)

| Date: | GP Name | GP Surgery |
|-------|---------|------------|
| | GF 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 <u>recently/suddenly</u> 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 L / F L |
|--|---|
| Address: | |
| Postcode: | Telephone Home: |
| Telephone Mobile: | Do you consent to receiving text messages: Yes \square / No \square |
| Do you have any special requirements | s? (e.g. interpreter) Yes |
| Email: | |
| Do you consent to receiving emails from the MS | K service? Please circle Yes / No |
| | low the location of your main problem with a cross (X) 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 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 v More than 12 | <u> </u> | |
| 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 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 Ashfield Health & Wellbeing Centre Portland Street 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 not-tr.mska-mphysiotherapy@nhs.net | | Mansfield Community Hospital Kings Mill Hospital Mansfield | |
| OR 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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