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**PHYSIOTHERAPY SELF REFERRAL FORM**

Please complete in Block Capitals

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| --- | --- | --- | --- | --- |
| **This form should only be used for patients wishing to have physiotherapy for musculoskeletal problems (back/neck pain, joint pain, soft tissue injuries). If you are under the age of 16, or wish to have treatment for a lung or respiratory conditions, a neurological problem such as Multiple sclerosis, Parkinsons, Stroke, or an obstetric/gynaecological problem, you would have to be referred by your GP in the normal way and to the appropriate Physiotherapy service.** | | | | |
| Full name: | | |  | D.O.B: |
| Occupation: | | |  |
| Address: | | | Post code: | |
| GP Name  Practice | Telephone Numbers. Can we leave a message (please circle)?  Home YES NO  Work YES NO  Mobile YES NO | | | |
| |  | | --- | | Do you have any special requirements? (e.g. interpreter) YES NO  If yes, please supply further information: | | | | | |
| **Please complete for your main problem only**  http://www.wps.ac.nz/Portals/9/Documents/Screening%20Tools/pain-chart-blank.JPG | | Please mark on the diagram the location of your main problem.  Where is your pain?  Is your pain / problem due to a recent fall or injury? YES NO  Please describe your current problem and symptoms below: | | |
| How long have you had this problem? ………. Days ……….Weeks ……….Months ……….Years | | | | |
| How did it start? *(Just came on, injury, fall, long term problem etc)* | | | | |
| Is your pain: Mild Moderate Severe | | | | |
| Is your problem getting worse? Worse Better Same | | | | |
| Is there any previous history relating to the pain, or is it recurring? YES NO (if yes please give details) | | | | |
| If so, have you had any X-rays or other tests/treatment for this problem? YES NO (If yes please give details) | | | | |
| Is your pain causing you to be absent from work? YES NO | | | | |
| What are your expectations from Physiotherapy? | | | | |

*Signature*

*Date*

**Please call 02380 170 611 to arrange an appointment.**

Please bring this referral form with you to your appointment.