

Straight2Physio Self-Referral Form
(NMGH/Cornerstone)



Manchester University
NHS Foundation Trust

PLEASE FULLY COMPLETE THIS FORM TO ENABLE THE PHYSIOTHERAPIST TO FULLY ASSESS YOUR NEEDS

Have you seen a GP or Doctor about this problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Surname:	Mr/Mrs/Miss/Ms/Other (Circle)
First Name:	GP Practice:
NHS Number (If Known):	GP (if Known):
Date of Birth:	Mobile Number:
Address:	Email Address:
Post Code:	Ethnicity:

Current Problem:

Additional Information:

I give my consent for the Physiotherapist to access my medical records to further aide my treatment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PLEASE EMAIL FORM TO: mft.NMGHPhysioRefer@nhs.net

ONCE WE HAVE RECEIVED THIS FORM WE WILL BE IN CONTACT TO CONFIRM AN APPOINTMENT DATE AND TIME