PHYSIOTHERAPY SELF REFERRAL FORM



You can now see a Physiotherapist without having to see your GP first. You can fill in this form and return it to the Physiotherapy Department either in person or by post. Forms are available form the Physiotherapy Department or your GP Practice.

If you work for the NHS you can self-refer online to the Occupational Health Physiotherapy Service via the Intranet.

If your problem requires urgent attention, is severe, or worsening, please seek more urgent medical attention, e.g. your GP or NHS 24 (Tel 08454 242424)

Why Physiotherapy?

Physiotherapy can be particularly beneficial if you are suffering from low back pain, neck pain, recent injuries such as strains and sprains, or joint and muscular pain.

Made a referral, what next?

A Physiotherapist will look at your form. We will then contact you with an appointment based on the information you have supplied. Depending on the nature of your condition you may be placed on a waiting list for Physiotherapy. If you have any concerns or your condition worsens you should make an appointment with your GP.

What can I do to help myself?

Research has shown that resting for more than a day or so does not help and may actually prolong pain and disability. You may need to modify your activities initially, but the sooner you get back to normal activity the sooner you will feel better. Getting stiff joints and muscles working can feel a bit sore initially, this is normal and often a good sign that you are making progress. Changing your position or activity frequently through the day will help to prevent and reduce stiffness. Try to build up your general activity

Painkillers

Over the counter painkillers can be helpful.

A pharmacist will be able to advise you on the appropriate tablets. If your symptoms continue to worsen you may need to see your GP.

Hot or Cold?

You can put ice on a recent sprain/ strain. Use a pack of frozen peas wrapped in a damp towel for 10 minutes.

If your symptoms occurred a long time ago you may find it responds better to heat and that holding a hot water bottle wrapped in a towel on the affected area for 10 minutes reduces pain.

NB: Be aware that both hot and cold treatments can burn and that you need to check (every 5 minutes) that your skin is not becoming very red or blotchy. If this happens, stop.

For further self-help, you may find the following website helpful:

www.nhsinform.co.uk

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Please complete this form and return to your local GP Practice or Physiotherapy Department



INCOMPLETE FORMS WILL BE RETURNED

Name:	Today's date:
Address:	GP Name/ Surgery:
	
Date of Birth:	•
Contact Phone Numbers: Home	Work/mobile:
May we leave a message at these numbers?	
If you require an Interpreter- which language?	
Please give a brief description of why you would lik problem is affecting you?	e a Physiotherapy assessment and how your
THIS SECTION MUST	r BE COMPLETED
Please circle your answers below:	
Are you off work with this problem/ struggling to stay at w	vork? Yes No N
Is your sleep disturbed by this problem?	Yes No
Are you unable to care for a dependant because of this p	roblem? Yes No
Are you in severe pain with this problem?	Yes No
How long have you had this complaint? Days	Weeks Months Years
Please tell us of any existing medical conditions/ health p	roblems you have and what medications you are
taking:	
If you answer yes to either of the following two questions,	fill in the shaded box below.
Are you referring with back pain	Yes No
Are you referring with back and leg pain	Yes No
Have you recently developed any of the following symp	toms with this episode of back pain?
Difficulty passing urine or controlling bladder/ bo	wels Yes No
 Numbness around your back passage or genital 	s Yes No
 Numbness, pins and needles or weakness in bo 	th legs Yes No
 Unsteadiness on your feet 	Yes No