Self-Referral Form

Routine physiotherapy

Please note that there is an increased waiting time for routine physiotherapy due to the Coronavirus pandemic. Please refer to the information and advice in our website to help you manage your condition effectively while you wait to hear from us.
https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/

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Self-referral criteria

You may use this self-referral process if:

- You live in North or South Lanarkshire
- You are aged 16 or over (if you are under 16 you will need to contact your GP about a referral)
- You are able to attend an outpatient appointment.

Completing this form will take around 10 minutes

Please post this to: Referral Management Service, Fallside Road, Bothwell, G71 8BB

Before you start

- MSK physiotherapy may not help you if you have already had physiotherapy treatment for the same condition in the past year. Please review the advice that your physiotherapist gave you and/or look at **https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/** before you complete this self-referral.
- Most initial appointments will take place face to face with follow-up appointments either by telephone, video call or face to face.
- The average number of appointments is between 1 and 3.
- You and your physiotherapist will set jointly agreed goals
- We do not accept referrals purely for acupuncture
- Your referral will be processed and added to the waiting list. Our waiting list is prioritised depending on need. Our appointment service will contact you when you reach the top of the waiting list. You may be offered an appointment at any of our NHS Lanarkshire MSK Physiotherapy departments.

If any of the statements below apply to you, please consult with a medical professional to confirm that self-referral to Physiotherapy is appropriate (For example GP or phone 111 if urgent).

This is to ensure you are seen by the right professional at the right time.

1. If you feel your condition requires medical attention
2. If you feel your condition is life threatening
3. If you have <u>unexplained</u> difficulty controlling or passing urine
4. If you have numbness, altered feeling or pins and needles around your back passage or genitals - for example when wiping after toileting
5. If you have recently developed sudden onset numbness, tingling or weakness in both legs
6. If you have <u>unexplained</u> difficulties with controlling bowel motions for example inability to stop a bowel movement or leaking
7. If you have sudden or newly worsening pain which extends below the knee in both legs
8. If you have new calf pain not related to injury with calf swelling/ calf heat/colour change in one leg with out without shortness of breath

I confirm that I do not have any of the issues listed above (Or I confirm I have consulted a medical professional about the issue and they feel Physiotherapy referral is appropriate):

Please note if this is not signed then your referral WILL NOT BE PROCESSED and it will be returned.

Completed by (PRINT NAME):
Signature:
Date:

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Pub. date: Jul. 2022 | Review date: Jul. 2027 | Issue No: 02

Step One

1.	Are you completing this form for yourself or on behalf of another person?	☐ Myself ⇨ Go to Question 3	☐ On behalf of someone else
2.	If you are completing this form on behalf of someone else, please provide your name and contact telephone number:	Name: Contact telephone number:	
3.	Do you require an interpreter?	☐ Yes	☐ No ⇨ Go to Question 5
4.	If yes, which language/dialect?	Language/dialect:	
5.	Do you require any special considerations to be made for your appointment?	☐ Yes	☐ No ⇨ Go to Question 7
6.	If Yes, please advise as to what adjustment(s) you need.	Adjustments:	

Step Two

7. Your Date of Birth (dd/mm/yyyy)	
8. Your CHI number if you know it (10 digits only i.e. 1111222333)	
9. Your Title	☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other
10. Your Gender	☐ Male ☐ Female ☐ Prefer not to say
11. Your First Name	
12. Your Surname	
13. Your House Number	
14. Your Street Name	
15. Your Town	
16. Your Postcode	
17. Your Email Address	
18. Your preferred contact telephone number	
19. Can a voicemail be left?	☐ Home ☐ Mobile ☐ Home & Mobile ☐ No
20. Employment Status	☐ Employed ☐ Unemployed ⇨ Please go to Question 23 ☐ Retired ⇨ Please go to Question 23 ☐ Student ⇨ Please go to Question 23
21. If employed, what is your occupation	
22. Are you currently absent from work because of the problem you are contacting us about?	☐ Yes ☐ No
23. Your Registered GP Practice	
24. Doctor Name	

Step Three

25. Where is the main site of your pain?	☐ Elbow ☐ Elbow(s) ☐ Foot/Feet ☐ Hip(s) ☐ Knee(s) ☐ Lower Back ☐ Lower Back and both legs ☐ Mid Back ☐ Lower Back and one leg ☐ Neck ☐ Neck and one arm ☐ Neck and both arms ☐ Shoulder(s) ☐ Wrist/hand(s) ⇨ Please go to Question 27 ☐ Other
26. If you have chosen, other, please tell us where your pain is	
27. How long have you had this problem for?	☐ Less than 6 weeks ☐ 6-12 weeks ☐ 3-6 months ☐ More than 6 months
28. Have you recently been to see your GP about this problem?	☐ Yes ☐ No ⇨ Please go to Question 30
29. What did your GP do/advise?	
30. Do you know what has caused this problem to appear?	☐ Accident/injury ☐ Other ☐ Don't know
31. Please add any other details about how your problem started or how it is affecting your day to day life	
32. Is this problem getting worse?	☐ Yes ☐ No ⇨ Please go to Question 35
32a. In what way is the problem getting worse?	
33. How would you describe your symptoms?	☐ Mild ☐ Moderate ☐ Severe
34. Do your symptoms come and go or are they present all the time (day and night)?	☐ Come and go ☐ All the time

35. Please tell us how your problem feels	
36. Are you able to carry out your normal activities?	☐ No ☐ Yes, easily ☐ Yes, with some difficulty
37. Are you a registered carer?	☐ Yes ☐ No ☐ Not applicable
38. Are you currently under the care of any other specialist for the same condition you are telling us about? Example: Fracture Clinic, Orthopaedics, Gynaecology, Surgery, Cancer Specialist, Rheumatology	☐ Yes ☐ No
39. What height are you?	
40. What weight are you?	

Please tell us about your current health

41. Do you have any other related medical condition which you feel that the physiotherapist needs to be aware of? If so, please provide details within the free text box provided	
42. Have you had any unexpected, recent weight loss?	☐ No ☐ Yes: please discuss this with your GP and let them know about this referral
43. Are you generally unwell/ have a persistent fever?	☐ No ☐ Yes: please discuss this with your GP and let them know about this referral
44. Have you recently become unsteady on your feet?	☐ No ☐ Yes: please discuss this with your GP and let them know about this referral
45. Do you have a history of cancer?	☐ No ☐ Yes - I have not spoken to my GP ☐ Yes - I have spoken to my GP

Musculoskeletal Health Questionnaire (MSK-HQ)

This questionnaire is about your **joint, back, neck, bone and muscle symptoms** such as aches, pains and/or stiffness.

Please focus on the particular health problem(s) for which you sought treatment from this service.

For each question **tick** (✔) one box to indicate which statement best describes you **over the last 2 weeks**.

1. **Pain/stiffness** during the **day** How severe was your usual joint or muscle pain and/or stiffness overall during the **day** in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Fairly severe ☐ 1	Very severe ☐ 0
2. **Pain/stiffness** during the **night** How severe was your usual joint or muscle pain and/or stiffness overall during the **night** in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Fairly severe ☐ 1	Very severe ☐ 0
3. **Walking** How much have your symptoms interfered with your ability to walk in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Unable to walk ☐ 0
4. **Washing/Dressing** How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Unable to wash or dress myself ☐ 0
5. **Physical activity levels** How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Very much ☐ 1	Unable to do physical activities ☐ 0
6. **Work/daily routine** How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work and jobs around the house)	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Extremely ☐ 0
7. **Social activities and hobbies** How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Extremely ☐ 0

MSK-HQ – Questionnaire for joint, back, neck, bone and muscle symptoms

 The authors acknowledge the kind of support of Versus Arthritis in the development of the MSK-HQ.

8. **Needing help** How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Rarely ☐ 3	Sometimes ☐ 2	Frequently ☐ 1	All the time ☐ 0
9. **Sleep** How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Rarely ☐ 3	Sometimes ☐ 2	Frequently ☐ 1	Every night ☐ 0
10. **Fatigue or low energy** How much fatigue or low energy have you felt in the last 2 weeks?	Not at all ☐ 4	Slight ☐ 3	Moderate ☐ 2	Severe ☐ 1	Extreme ☐ 0
11. **Emotional well-being** How much have you felt anxious or low in your mood because or your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Extremely ☐ 0
12. **Understanding of your condition and any current treatment** Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?	Completely ☐ 4	Very well ☐ 3	Moderately ☐ 2	Slightly ☐ 1	Not at all ☐ 0
13. **Confidence in being able to manage your symptoms** How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?	Extremely ☐ 4	Very ☐ 3	Moderately ☐ 2	Slightly ☐ 1	Not at all ☐ 0
14. **Overall impact** How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Very much ☐ 1	Extremely ☐ 0

Physical activity levels

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?

This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.

☐ None ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

Thank you for completing this questionnaire.

The MSK-HQ total score is the sum of items 1-14, using the response values provided.

MSK-HQ – Questionnaire for joint, back, neck, bone and muscle symptoms

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