

FOR PATIENT/FAMILY USE ONLY – THIS IS NOT A CLINICIAN REFERRAL FORM

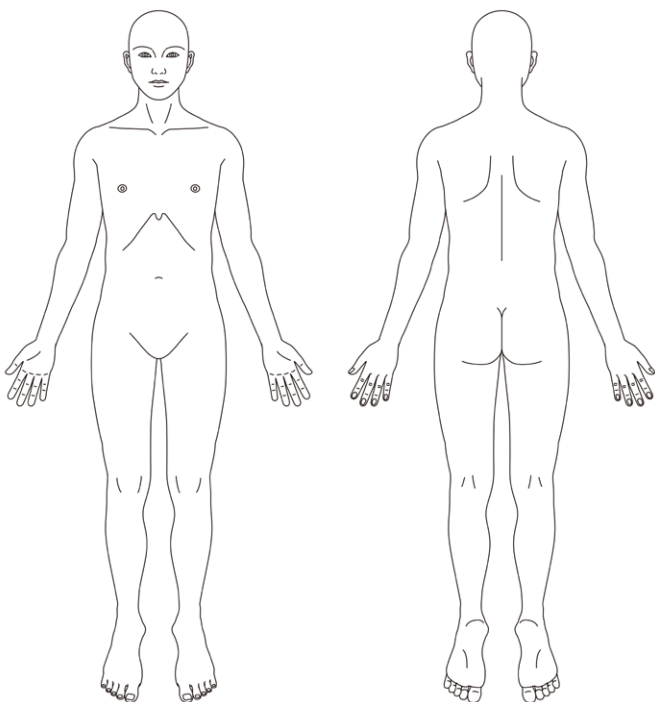
Physiotherapy self-referral form

You can now self-refer to physiotherapy for muscle and joint problems without needing to see your GP. Please complete this form in full so that we can ensure that you see the most appropriate health professional. In some cases, you may be required to see your GP for further assessment prior to referring into the service.

* Denotes a mandatory field: referrals may be rejected if not fully completed.

* Name	* Date of birth (not available under 18 years)
.....	
* Address	
.....	
	* Postcode
.....	
* Telephone	Email
.....	
* GP name	* GP surgery
.....	
Date	
.....	

Please mark the area where you experience your symptoms on the body chart below.



Please give a brief description of your problem and why you feel you need physiotherapy.

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Please complete the following questions regarding your current problem and how they affect you, on average, over the course of a week.

Impact on daily function eg. work, caring duties, self-care N/A Mild Moderate Severe

Impact on sleep N/A Mild Moderate Severe

Severity of pain (where 0 = no pain and 10 = worst pain imaginable) N/A 1-4 5-7 8-10

Please indicate how much pain relief medication you are currently taking for this problem None Some Maximum daily dose

Please write below the names of any pain medication you are currently taking:

How long have you had this problem? Less than six weeks Between six weeks and six months Over six months

Did your problem start as a result of an injury? Yes No

Are your symptoms worsening? Yes No

Do you have any other significant medical/health problems, eg. cancer, heart problems? Yes No

If yes, please give details:

Have you had physiotherapy for this problem before? Yes No

If yes, how long ago?

If you have back pain, have you had any difficulties controlling your urine? Yes No

If yes, please see your GP first

Have you suddenly lost weight without trying? Yes No

If yes, please see your GP first

Have you had any symptoms such as numbness, tingling or muscle weakness? Yes No

If yes, please see your GP first

Do you require an interpreter? Yes No

If yes, what language?

Please return all forms to:

Bedfordshire MSK Services | Enhanced Service Centre | 3 Kimbolton Road | Bedford | Bedfordshire | MK40 2NT

E: msk.bedfordshire@nhs.net | circlebedfordshiremsk.co.uk