Physiotherapy Self-referral Form

For over 12s and adults

(All under 16s must be accompanied by a parent/official guardian)

If you need this form in an alternative format, or if you have any difficulty completing the form, please contact the Physiotherapy Department on 01595 74 3323.

If over 16 years old, this form must be completed by the person seeking treatment.
If the person does not have capacity to self-refer they must be referred by a GP.

If you have back pain and recently or suddenly developed any of the following, please consult your **GP URGENTLY** or call **NHS 24 (Telephone: 111).**

- Difficulty passing urine or controlling bladder/bowels
- Numbness or tingling around your back passage or genitals
- Numbness, pins and needles or weakness in **both** legs

If you require urgent attention or have developed any of the following problems please seek further medical advice from your GP before sending this form:

- Unexplained weight loss
- New, unexplained unsteadiness on your feet
- Generally feeling unwell/fever

Full name: _____ **Known as:** _____

Address: _____ **Date of Birth:** _____

_____ **Registered Health Centre:**

Postcode: _____ _____

Contact Numbers: **Can we leave a message on this number?**

Home: _____ **Yes/No**

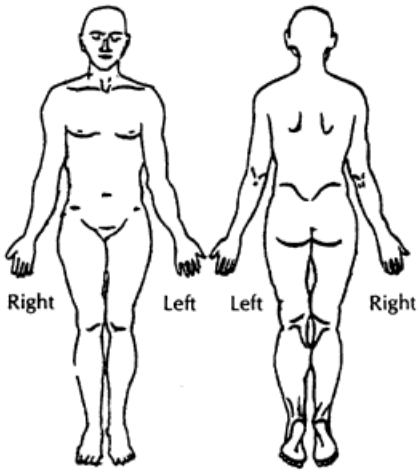
Work: _____ **Yes/No**

Mobile: _____ **Yes/No**

Do you have any special requirements? (e.g. interpreter) _____

Please describe your current problem and symptoms:

Please mark on any pain, pins and needles or numbness you have related to this problem:



How many falls have you had during the past year?_____

Continued overleaf →

1. How long have you had this problem?

2. Since it began, is it: Improving ☐ The same ☐ Worsening ☐ Variable ☐

3. Is the problem: New ☐ Longstanding ☐ Recurrent ☐

4. Have you seen your GP/another healthcare practitioner/physiotherapy in the past about this problem?

Yes ☐ No ☐

If Yes, please give details (e.g. by who, what was the outcome?)

5. Are you off work/school or unable to care for a dependant because of this problem?

Yes ☐ Long term incapacity ☐

No ☐ Not applicable ☐

6. If school age, are you able to participate fully in PE? Yes ☐ No ☐

7. Is this problem affecting your ability to sleep?

Woken from sleeping ☐ Unable to sleep at all ☐ No ☐

Past Medical History:

8. Please list all conditions you have been diagnosed with or any operations/illnesses you have had:

9. If you have ever been diagnosed with cancer, please give details:

10. Please list all current medications (prescribed and over the counter):

11. Are you housebound due to a medical condition? Yes ☐ No ☐

Get advice and information to help your muscle, back or joint problems from: **www.nhsinform.co.uk/msk**

It is good practice for us to share information with your GP, please let us know if you do not consent to this.

Parent/guardian printed name and signature for under 16's:_____

Please return to: **Physiotherapy Department, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB**