**Self-referral for Physiotherapy.**

Please ensure you complete **all** sections or we may not be able to process your form which will lead to a delay in your assessment.

**Once completed email to:** **ncm-tr.ncic-imsk-referrals@nhs.net**

iMSK telephone number: 0333 014 2876 **Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| NAMEADDRESSDATE OF BIRTHGP SURGERYPHONE NUMBER: Consent for contactHome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If required do we have consent to view your medical records? Yes  No  Please state whether you have any information or communication need i.e. hard of hearing, interpreter needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**About your problem**

Please tell us why you need to be seen and which area of your body is affected

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How long have you had your problem?

 Under 6 weeks  6-12 weeks  Over 3 months 

Have you already seen someone about this problem? Yes  No 

Please tell us who: GP/ FCP/ Nurse/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your problem changed? No change  Worse  Better 

Please give us other information as to how you feel this has changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had to stop work because of this problem?

 Yes  No  Retired  Unemployed  N/A 

Are you unable to provide care for a dependent because of this problem?

Yes  No  N/A 

**About You**

Please list any medical conditions you have- i.e. heart conditions, high blood pressure, diabetes, previous cancer etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced any of the following;

Sudden weight loss, without trying 

New bladder symptoms 

New bowel symptoms 

Numbness, tingling or weakness 

**If these are new symptoms and you have not seen or spoken to another Doctor or Nurse about this please do so, before sending this form**

Please provide with further details if you have ticked any of the above:

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**Not sure if Physiotherapy is right for you?**

Physiotherapy can be particularly beneficial if you are suffering joint pains or have had recent injuries. You can also see a physiotherapist if you are a man or woman suffering from incontinence.

Unfortunately this service is not available if:

* You would like to see a physiotherapist about a neurological or breathing problem
* You need a home visit
* You are under secondary school age (you will need a referral from your GP)
* You have had a recent operation, (you will need to be referred by your surgeon)

**Pain Relief?**

Over the counter painkillers can be helpful. A pharmacist will be able to advise you, if symptoms worsen you may need to contact your GP.

**What can I do for myself in the meantime?**

Resting for more than a day or so does not help and may prolong pain and disability. You may need to modify your activities, but returning to normal is beneficial to your recovery. Changing your position or activity frequently through the day will help to prevent and reduce stiffness. Try to build up your general activity gradually. Further guidance is available at: [www.versusarthritis.org](http://www.versusarthritis.org), <https://www.nhs.uk> and <https://mskr.info>.

**What happens next?**

Complete the entire form (remember your name) and email it to ncm-tr.ncic-imsk-referrals@nhs.net. Once received your referral will be reviewed by a physiotherapist and you will be contacted in due course to arrange an appointment. If you prefer you can hand your completed form in to your local Physiotherapy department or send via the post (addresses below).