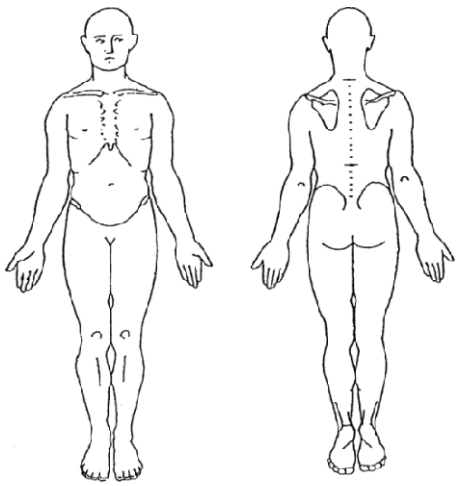
Physiotherapy Self-Referral Form

NHS Sussex Community NHS Foundation Trust

Please Note – This form should be used to access Physiotherapy for <u>one</u> musculoskeletal complaint/condition. *If you are under 16, recently had surgery, have multiple joint/ muscle pains or have specific communication issues preventing you completing this form, please contact your GP for referral.*

First name		**Title:**	
Surname			
Date of Birth:		**NHS No:**	
Address (Incl. Postcode)			
<u>Daytime</u> Telephone Number		**Email:**	
GP Name: **GP Address:**			
Who is completing this form?	☐ Myself ☐ Other; relationship to patient: ……		
Do you require an interpreter?	☐ No ☐ Yes Which language:……..		
Have you been signed off work because of this problem?	☐ No ☐ Don't Work ☐ Yes; how long…….		
Are you unable to care for anyone because of this problem?	☐ No ☐ Yes; Who?:……..		
Are you unable to sleep because of this problem?	☐ No ☐ Yes … how many nights per week: …….		

Where is your Problem?
Please write below or indicate on the picture
(NB We can only address <u>one</u> complaint on this form)



Do you have any pins and needles or numbness?
☐ No
☐ Yes …if so please tell us where:……..

How did this start?	
What date did this Start?	
Has It Changed since it started?	☐ Better ☐ Worse ☐ The Same
Have you had any treatment for this problem recently or in the past?	☐ No ☐ Yes Please give details…
Have you seen your GP about this problem	☐ Yes ☐ No

Name:		DOB	

Please name a daily activity or hobby with which you have difficulty due to your condition and score it in respect to how well or otherwise you can carry them out. 10 able to do without any problem, 0 unable to do them at all.

	0 = Unable to do										10 = Able to do as normal
Activity **Eg. Going Up Stairs**	0	1	2	3	4	5	6	7	8	9	10
							x				
	0	1	2	3	4	5	6	7	8	9	10

Relevant medical history; Please tick Ě Yes or No for all of the following:

Condition	Yes	No	Have you had any tests for this problem?	Yes	No
Thyroid Problems			X-ray		
Heart Problems			MRI /CT scan		
Family history of Rheumatoid Arthritis			Ultrasound scan		
Epilepsy			Blood tests		
Lung problems			Other tests		
Diabetes			**Please list your current medication**		
Major Illness			Have you ever taken steroids? Have you ever taken blood thinners?		
Cancer(Past or Present)					
Fractures					
Osteoporosis					
Do you Smoke?					

Only read the following statement if your referral is for a low back problem OR pain in your legs coming from your back. Please consider carefully as they information relates to important nerves that come from your back and may require your immediate attention.

*****Since developing your back pain, if you have experienced any of the symptoms listed below you must call 111 or attend A&E IMMEDIATELY*****

- Any loss of sensation or altered sensation in your vaginal / genital area or back passage (i.e. noticed any changes in sensation when you wipe yourself after going to the toilet OR change in sensation with sexual intercourse)
- Any change in your bladder or bowel function (i.e. incontinence or loss of control / increased frequency or being unable to go to the toilet)
- Any changes in sexual function (i.e. are you still able to achieve and maintain an erection, do you have normal sensation during sexual intercourse)

Please send this completed form to:	Email: SC-TR.Coastal-MSK-Physios@nhs.net Post: Physiotherapy Department, Bognor Regis War Memorial Hospital, Shripney Road, Bognor Regis, PO22 9PP