**Referral Date:**

To **self-refer to physiotherapy** you must be **OVER 18 YEARS OF AGE** seeking help with a **MUSCULOSKELETAL CONDITION** such as back or neck pain**.**

**REFERRALS FOR MORE THAN ONE JOINT COMPLAINT WILL BE REJECTED.**

**It is important you do not self-refer if you have any of the following conditions without consulting your GP first:** Unexplained weight loss, unexplained bladder or bowel problems, history of cancer, night pain, fever or night sweats, unsteady on feet, pins and needles/numbness in both arms or legs, pregnancy, respiratory problems, central chest pain, abdominal pain, neurological problems or symptoms of vertigo.

**Please note we do not accept self-referrals post-surgery and will require a referral from the Consultant or GP**

\*\*\*PATIENT DETAILS\*\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | First Name | Gender | Date of Birth |
|  |  |  |  |
| Address | Post Code | NHS Number |
|  |  |  |
| Home Tel  | Tick Preferred: | [ ]  | Can we leave a voice message? |
|  | Yes [ ]  No [ ]  |
| Mobile Tel (May be used to contact for appointments)  | [ ]  | Can we send appointments via text message?  |
|  | Yes [ ]  No [ ]  |
| Work Tel | [ ]  | Is an interpreter required? |
|  | Yes [ ]  No [ ]  |
| E-Mail | If yes, what language? |
|  |  |
| Please describe your Ethnicity: |  |

\*\*\*GP DETAILS\*\*\*

|  |  |
| --- | --- |
| GP Surgery | Have you consulted your GP about this problem? |
|  | Yes [ ]  | No [ ]  |
| GP Address | Did the GP suggest being referred to Physiotherapy? |
|  | Yes [ ]  | No [ ]  |
| Tel No | Do you consent to us contacting your GP if appropriate? |
|  | Yes [ ]  | No [ ]  |
|  | Are you seeing anyone else about this problem? *Eg Orthopaedic Consultant* |
|  | Yes [ ]  | No [ ]  |

\*\*\*REFERRAL DETAILS\*\*\*

|  |  |
| --- | --- |
| Where is the problem? (Tick one box only) | When did the problem start? |
| Neck [ ]  Neck with Arm Pain [ ] Shoulder [ ] Elbow [ ] Wrist or Hand [ ] Back [ ] Back with Leg pain [ ] Hip [ ] Knee [ ] Ankle or Foot [ ]  Other (please specify)  | Less than 6 weeks [ ] 6-12 weeks [ ] More than 12 weeks [ ]  |
| Are your symptoms getting worse? | Have you had recent surgery or an injection for this problem within the last 12 weeks? |
| Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |
| How did it happen? |
| Details: |

|  |
| --- |
| What symptoms do you have and where are they? E.g *Pain, stiffness, pins and needles, numbness, weakness / Right side of neck, Outside of left hip, Under both heels* |
| Details: |
| Have you been signed off work within the last 12 weeks due to this problem and are still off work? | Carers only: Are you unable to care for a dependant because of this problem? |
| Yes [ ]  No [ ]  Details: | Yes [ ]  | No [ ]  |
| Are you normal activities significantly affected due to this problem? | Is your sleep significantly affected due to this problem? |
| Yes [ ]  | No [ ]  | Yes [ ] If yes are you able to get back to sleep after waking? | No [ ] Yes [ ]  No [ ]  |
| Have you had any investigations for this problem? *E.g. X-ray, MRI, Blood test* |
| What was your diagnosis? Details: |
| Have you had any previous treatment for this condition? *E.g. Medical treatment, Physiotherapy, Osteopathy, Chiropractic* |
| Details: |
| Do you have any other medical conditions, which may be relevant to your problem? *Please tick which apply and elaborate below, add anything else you feel might be relevant below* |
| Heart Problems | [ ]  | Osteoporosis | [ ]  | History of Cancer | [ ]  |
| Pacemaker | [ ]  | Rheumatoid Arthritis | [ ]  | Sudden weight loss | [ ]  |
| Epilepsy | [ ]  | Other joint problems/injuries | [ ]  | Fever or night sweats | [ ]  |
| Diabetes | [ ]  | Surgery/Operations | [ ]  | Allergies | [ ]  |
| Unexplained bladder or bowel symptoms | [ ]  | Night pain | [ ]  | New onset of unsteadiness when walking  | [ ]  |
| Pins and needles or numbness in both arms or legs? | [ ]  | Pregnant- how many weeks? | [ ]  | Any dizziness, visual disturbance related to neck pain?  | [ ]  |
| Details |
| Do you require a Physiotherapist of the same sex? | Would a telephone appointment be sufficient? |
| Yes [ ]  | No [ ]   | Yes [ ]  | No [ ]  |
| Is there any reason you would be unable to attend a group session? |
| Yes [ ]  | No [ ]  Please provide details :  |

**PLEASE NOTE REFERRALS WILL NOT BE ACCEPTED IF THESE FORMS ARE NOT FULLY COMPLETED**

|  |
| --- |
| Please select a preferred clinic for your appointment: (Generally available between 08:00 and 16:30) |
| [Addison House Community Clinic, Harlow](https://www.google.co.uk/maps/place/Harlow%2BCM20%2B1EP/%4051.7708811%2C0.086988%2C17z/data%3D%213m1%214b1%214m5%213m4%211s0x47d89c017baa580f%3A0x65b7a32b5022047d%218m2%213d51.7709376%214d0.0893866?hl=en) | [ ]  | [St Margaret’s Hospital, Epping](https://www.google.co.uk/maps/place/Epping%2BCM16%2B6TN/%4051.7043505%2C0.1223267%2C17z/data%3D%213m1%214b1%214m5%213m4%211s0x47d898ecb3c8a8fb%3A0x87a5150a04b7c74f%218m2%213d51.7042952%214d0.1239303?hl=en) | [ ]  |
| [Herts and Essex Hospital, Bishop’s Stortford](https://www.google.co.uk/maps/place/Bishop%27s%2BStortford%2BCM23%2B5JH/%4051.8656871%2C0.1724419%2C17z/data%3D%213m1%214b1%214m5%213m4%211s0x47d885444d91057b%3A0x8a49bfa39e4c8337%218m2%213d51.8656188%214d0.1746907?hl=en) | [ ]  | [Saffron Walden Community Hospital](https://www.google.co.uk/maps/place/Saffron%2BWalden%2BCommunity%2BHospital/%4052.0233962%2C0.2550566%2C17z/data%3D%214m5%213m4%211s0x47d8627666ce5dcf%3A0x415b391b4a453834%218m2%213d52.0242359%214d0.259401?hl=en), Saffron Walden | [ ]  |

Do you consent to **us sharing your records** **with other users** such as GP Surgeries and Community Health Services within the NHS through the computer system SystmOne? Yes [ ]  No [ ]

Do you consent to **other services** such as GP Surgeries or Community Health Services within the NHS **sharing your records with us** through the computer system SystmOne? Yes [ ]  No [ ]

**\*\*\*SENDING FORM\*\*\***

\*\*\*EMAIL\*\*\*

\*\*\*PLEASE NOTE THAT INFORMATION SENT BY EMAIL IS NOT SECURE. THIS MEANS THERE IS A RISK OF IT BEING INTERCEPTED BY PEOPLE OTHER THAN THOSE IT WAS INTENDED FOR\*\*\*

**Please save form and send as an attachment to** **epunft.mskphysio@nhs.net**

**If you have any queries please contact our central booking service on 03442 573965**

\*\*\*POST\*\*\*

If you are unable to or do not wish to send by e-mail ,then please print form and post to the hospital closest to you:

* **Physiotherapy Department, St Margaret’s Hospital, The Plain, Epping, CM16 6TN**
* **Physiotherapy Department, Herts and Essex Hospital, Haymeads Lane, Bishop’s Stortford, CM23 5JH**
* **Physiotherapy Department, Addison House, Hamstel Road, Harlow, CM20 1EP**
* **Physiotherapy Department, Saffron Walden Community Hospital, Radwinter Road, Saffron Walden, Essex CB11 3HY**

**If you have any queries please contact our central booking service on 03442 573965**

*\*\*\*Physiotherapist Use Only\*\*\**