**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+CM20+1EP/@51.7708811,0.086988,17z/data=!3m1!4b1!4m5!3m4!1s0x47d89c017baa580f:0x65b7a32b5022047d!8m2!3d51.7709376!4d0.0893866?hl=en) |  | [St Margaret’s Hospital, Epping](https://www.google.co.uk/maps/place/Epping+CM16+6TN/@51.7043505,0.1223267,17z/data=!3m1!4b1!4m5!3m4!1s0x47d898ecb3c8a8fb:0x87a5150a04b7c74f!8m2!3d51.7042952!4d0.1239303?hl=en) |  |
| [Herts and Essex Hospital, Bishop’s Stortford](https://www.google.co.uk/maps/place/Bishop's+Stortford+CM23+5JH/@51.8656871,0.1724419,17z/data=!3m1!4b1!4m5!3m4!1s0x47d885444d91057b:0x8a49bfa39e4c8337!8m2!3d51.8656188!4d0.1746907?hl=en) |  | [Saffron Walden Community Hospital](https://www.google.co.uk/maps/place/Saffron+Walden+Community+Hospital/@52.0233962,0.2550566,17z/data=!4m5!3m4!1s0x47d8627666ce5dcf:0x415b391b4a453834!8m2!3d52.0242359!4d0.259401?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**](mailto: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\*\*\**