**Adult Musculoskeletal Physiotherapy Self-Referral Form **

**Referral Date:**

**Referral Criteria:**

You must be **OVER 18 YEARS OF AGE** seeking help with **ONE** **MUSCULOSKELETAL CONDITION.**

**It is important you do not self-refer if you have any of the following symptoms without consulting your GP first:** Unexplained bladder or bowel dysfunction, bilateral leg pain with back pain, altered sensation around your genitals, unexplained weight loss, history of cancer, night pain, fever or night sweats, unremitting pain that is not aided with pain medication, unsteady when walking, pins and needles/numbness in both arms or legs, pregnancy, significant trauma, progressively weak foot/ feet, difficulty with breathing, central chest pain, abdominal pain, neurological problems and symptoms of vertigo.

**OUR REFERRAL EXCLUSION CRITERIA IS AT THE END OF THIS REFERRAL FORM**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Surname | | | Gender | Date of Birth |
|  |  | | |  |  |
| Address | | | | Post Code | NHS Number |
|  | | | |  |  |
| Mobile telephone number | |  |  | Tick the box to opt out of receiving voice mail messages | |
|  | | | |  | |
| Home telephone number | | |  | Tick the box to opt out of receiving text messages to arrange our appointments | |
|  | | | |  | |
| Work telephone number | | |  | Tick the box if you require an interpreter for the appointment | |
|  | | | |  | |
| E-Mail address | | | | If you require an interpreter, which language do you speak? | |
|  | | | |  | |
| Please describe your Ethnicity: | | | |  | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| GP Surgery | Tick the box to opt out of us contacting your GP if required | | |
|  |  |  | |
| GP Address | Are you seeing other health care professionals regarding this condition? | | |
|  | No | Yes  which service? | |
| Tel No | Orthopaedics | | |
|  | Rheumatology |  | |
| Podiatry | | |
|  | Pain management |  | |
|  | Other , please specify | |  |

\*\*\*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 ago  6-12 weeks ago  More than 12 weeks ago | |
| How did the pain start? | Are your symptoms getting better or worse? | |
| Was there an injury? | Better  Worse |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 you **still off work**? | | | | | Carers only: Are you still able to care for a dependant despite this problem? | | | | |
| Yes  No  Details: | | | | | Yes  NA | | | No | |
| Are your normal activities significantly affected due to this problem? | | | | | Is your sleep significantly affected due to this problem? | | | | |
| Yes  No  If yes, please provide an example: | | |  | | Yes  If **yes** are you able to return to sleep once woken? | | | No  Yes  No | |
| Have you had **investigations** or **treatment** for this problem (E.g. pain medication, x-rays, scans, physiotherapy, surgery etc.). | | | | | | | | | |
| No , Yes  Which investigations have you had and when?  What type of treatment have you received and when?  What is the diagnosis if any? | | | | | | | | | |
| Do you have any other physical or mental health conditions?  Please provide details of your health conditions below including the medication you take: | | | | | | | | | |
| Heart condition/ Pacemaker | |  | | Osteoporosis | |  | History of Cancer | |  |
| Lung condition | |  | | Rheumatoid Arthritis | |  | Diabetes | |  |
| Epilepsy | |  | | Osteoarthritis | |  | Surgery/ Operations  \*provide details below | |  |
| Allergies (including medications) | |  | | Other joint problems/injuries | |  | Pregnant  How many weeks | |  |
| Please list other health conditions not written above:  \*Please list the date and type of surgery performed:  Please list all your current medication: | | | | | | | | | |
| Do you require a Physiotherapist of the same sex? | | | | | Tick the box to opt out of attending a group session? | | | | |
| No | Yes | | | |  | | |  | |

**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) | | | | |
| Rectory Lane Health Centre (Loughton) |  | [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)) |  |
| Addison House Community Clinic (Harlow) |  | Herts and Essex Hospital (Bishop’s Stortford) |  |
| Saffron Walden Community Hospital (Saffron Walden) |  |  |  |

Tick the box to opt out of **us sharing your records** **with other users** such as your GP Surgery and Community Health Services within the NHS through our computer system?

Tick the box to opt out of **other services** such as your GP Surgery or Community Health Services within the NHS **sharing your records with us** through our computer system?

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

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

If you are unable to send this referral by e-mail, please print the form and post to the department closest to you:

* **Physiotherapy Department, Rectory Lane Health Centre, Loughton, IG10 3RU**
* **Physiotherapy Department, St Margaret’s Hospital, The Plain, Epping, CM16 6TN**
* **Physiotherapy Department, Addison House, Hamstel Road, Harlow, CM20 1EP**
* **Physiotherapy Department, Herts and Essex Hospital, Haymeads Lane, Bishop’s Stortford, CM23 5JH**
* **Physiotherapy Department, Saffron Walden Community Hospital, Radwinter Road, Saffron Walden, Essex CB11 3HY**

\*\*\*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 fully complete this form, save it and attach it to an email to:** [**epunft.mskphysio@nhs.net**](mailto:epunft.mskphysio@nhs.net)

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

WE DO NOT ACCEPT REFERRALS FOR:

* + Patients under 18 years of age living in Essex (You will require a GP referral to the Paediatric Physiotherapy Service)
  + Non Musculoskeletal Pathology (Please contact your GP if you are unsure which health service you require)
  + We do not accept self-referrals for post-surgical rehabilitation (Please ask your Consultant or GP to refer you to our service)
  + Patients who have received comprehensive treatment from EPUT MSK Physiotherapy within the last six months for same condition
  + Antenatal back and pelvic pain (Please access physiotherapy via your midwife)
  + Benign paroxysmal positional vertigo (BPPV) (You will require a GP referral to the Neurological Physiotherapy Service)
  + Non cervicogenic headaches/ dizziness (Please consult your GP)
  + Concerning medical symptoms (Please see your GP first regarding symptoms listed at the top of the referral form)
  + Unable to access outpatient services/ housebound (You will require a referral from your GP to the Community Physiotherapy Service)
  + More than one condition on the referral form (Multiple joint pains should be screened by your GP surgery to rule out other causes for the symptoms)
  + Pelvic health/ incontinence (Please refer to local Pelvic Health Service)
  + Long Covid-19 unless an MSK condition referred by the Long Covid Service
  + Patients who are under the care of a Princess Alexandra Hospital (Harlow) consultant and had SURGERY or an INTERVENTION (e.g. spinal or peripheral injections) within the last four months (Please access physiotherapy treatment at Princess Alexandra Hospital)
  + Pre surgical physiotherapy (e.g. ACL reconstruction) if you are having surgery at Princess Alexandra Hospital (Harlow) (Please access physiotherapy treatment at Princess Alexandra Hospital)
  + Post-surgical breast cancer patients from Princess Alexandra Hospital (Harlow), who have had surgery within the last four months (Please access physiotherapy treatment at Princess Alexandra Hospital)
  + Balance and falls assessment for a person with a West Essex GP (This service is provided by Social, Active, Strong via your local district council)