MUSCULOSKELETAL PHYSIOTHERAPY SELF REFERRAL FORM

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE UNABLE TO ACCESS PHYSIO ADVICE LINE

Physio Advice Line: 0300 555 0210 (charged at local rate)

Physio Advice Line provides early advice and management for adults *(18yrs and over)* with muscle or joint problems. Our experienced physiotherapists provide personalised advice and exercise plans which enable most patients to recover or improve their condition at home.

PLEASE ONLY COMPLETE IF YOU ARE UNABLE TO ACCESS PHYSIO ADVICE LINE:

SECTION A: REASON FOR FACE TO FACE SELF REFERRAL	
To help us understand why you require an appointment in clinic please select one of the options below. **If no option is selected we will assume that you do not meet the criteria for a face to face appointment and will kindly ask you to call our Physio Advice Line service for support.**	
Aged 16-17*	☐
Require a friend, partner, family member or carer to be present	☐
Communication difficulties	☐
Difficulty understanding English and therefore require an interpreter	☐
More than two body areas with pain i.e. hip, knee and back	☐

* Physio Advice Line is only available for 18yrs and over

IMPORTANT: Please speak to your GP before self-referring if you have any of the following:

- unexplained weight loss
- unexplained bladder or bowel problems
- history of cancer
- night pain
- fever or night sweats
- unsteady on feet or pins and needles/ numbness in both arms or in both legs

SECTION B: CONTACT DETAILS – PLEASE COMPLETE IN BLOCK CAPITALS			
Full Name (First and Surname):		**Date of Birth:**	
		Gender:	
Address:		**Contact Tel:**	
		Can we leave a message?	Y ☐
		Postcode:	
NHS No. (if known):	**Language:**		
		Translator Required: ☐	
GP Surgery:	**GP Address:**		

Please select the clinic location you would like to attend and return the completed form to the clinic address below or to our central email address: s1.dynamichealth@nhs.net **

	Please tick	**CLINIC ADDRESS:**
CAMBRIDGE:	☐	MSK Physiotherapy Department , Brookfields Hospital, Brookfields Campus, 351 Mill Road, Cambridge, CB1 3DF
DODDINGTON:	☐	MSK Physiotherapy Department, Doddington Community Hospital, Benwick Road, Doddington, PE15 0UG
ELY:	☐	MSK Physiotherapy Department , Princess of Wales Hospital, Lynn Road, Ely, CB6 1DN
HUNTINGDON:	☐	MSK Physiotherapy Department, Hinchingbrooke Hospital, Hinchingbrooke Park, Huntingdon, PE29 6NT
PETERBOROUGH:	☐	MSK Physiotherapy Department, Rivergate, Viersen Platz, Peterborough, PE1 1SE
WISBECH:	☐	MSK Physiotherapy Department, Rowan Lodge, North Cambridgeshire Hospital, The Park, Wisbech, PE13 3AB

** Please note - 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.

SECTION C: REASON FOR SELF-REFERRAL – PLEASE COMPLETE IN BLOCK CAPITALS

Please provide a brief description of your symptoms:

What type of symptoms are you getting? *(Please tick)*

PAIN ☐ ACHE ☐ WEAKNESS ☐ ABNORMAL SENSATION ☐ *e.g. numbness, pins and needles tingling* OTHER ☐

Please indicate where you feel symptoms:

Neck ☐ **Middle Back** ☐ **Lower Back** ☐

	My Right	***My Left***		***My Right***	***My Left***
Shoulder	☐	☐	**Hip**	☐	☐
Elbow	☐	☐	**Knee**	☐	☐
Wrist	☐	☐	**Ankle**	☐	☐
Hand	☐	☐	**Foot**	☐	☐

Please complete <u>ALL</u> questions

1. Have you consulted your GP about this problem? Yes ☐ No ☐
2. Are your symptoms worsening? Yes ☐ No ☐
3. How long have you had the current problem?
4. Are you off work because of this problem? Yes ☐ No ☐
   a. ***If yes**, how long have you been off?*
5. Have you attended physiotherapy before for this problem? Yes ☐ No ☐
   a. ***If yes**, when was this?*
6. Do you have severe night pain stopping you from sleeping? Yes ☐ No ☐
   a. ***If yes**, how frequent and how long has this happened?*
7. Do you have a personal history of cancer? Yes ☐ No ☐
8. Are you pregnant? Yes ☐ No ☐

Once we have received your referral it will be triaged and added to our waiting list. Waiting times can vary based on demand.

PLEASE SEND TO: s1.dynamichealth@nhs.net