

Self-Referral to Musculoskeletal Physiotherapy

Self-referral is available for adults over 16 who are suffering from low back pain, neck pain, who have recent injuries such as strains or sprains or joint and muscle pain. This referral option is not available to people under 16 years, or if you have a neurological, paediatric, respiratory, obstetric or gynaecological condition or if you are under the care of a consultant for your problem.

First Name:*	Today's Date:*	What is your main problem? (Please tick one box)* Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/>
Last Name:*	Date of Birth:*	
Health and Care Number: <i>(if known):</i>	Your GP's Name:*	
Your Address:*	Your GP Surgery:*	How long have you had this problem? (Please tick)* 0 - 4 Weeks <input type="checkbox"/> 5 - 12 Weeks <input type="checkbox"/> 3 - 11 Months <input type="checkbox"/> >1 Year <input type="checkbox"/>
Postcode:		Have you been to see your GP about this problem? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your E-mail:		Is the problem?* New <input type="checkbox"/> Return of an old problem <input type="checkbox"/>
Telephone Numbers Please ensure you enter a number where you can be contacted for more information if required. Please tick preferred telephone number and most suitable time to be contacted (Monday - Friday). Home:* _____ <input type="checkbox"/> 10.00am - 2.00pm <input type="checkbox"/> Work:* _____ <input type="checkbox"/> 2.00pm - 4.00pm <input type="checkbox"/> Mobile:* _____ <input type="checkbox"/> Other <input type="checkbox"/> _____		Are your symptoms getting worse?* Yes <input type="checkbox"/> No <input type="checkbox"/>
Can we leave a message at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you able to carry out your normal activities?* Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require an interpreter?* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which language? _____ Do you require adjustment for reasons related to a disability?* Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details: _____ _____ _____		Are you off work because of this problem?* Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If Yes, how long? 1-3 days <input type="checkbox"/> Up to 7 days <input type="checkbox"/> 8 days or more <input type="checkbox"/>
		Are you unable to care for a dependant because of this problem?* Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>

Do you know what caused your problem?*

Yes No **If yes please give details:** _____

Are you under the care of any other specialist? eg. Gynaecology, Surgery, Cancer specialist, Rheumatology, Fracture Clinic, Orthopaedics* Yes No

If yes please give details: _____

Have you had any **unexpected** recent weight loss?*

Yes No **If yes please give details:** _____

Since the onset of your problem do you have any of the following symptoms?

Do you have?

Any difficulties passing or controlling urine? Yes No

Muscle weakness? Yes No

Numbness / Tingling / 'Pins and Needles'? Yes No

If you answered **Yes** to any of the questions above please give details: _____

Please tick where you wish to attend for assessment:*

Ards Community Hospital Bangor Community Hospital Downe Hospital

Lagan Valley Hospital Lisburn Health Centre Stewartstown Road Clinic Saintfield

I agree that the information that I have provided in this form is accurate.*

Signature: _____

Please ensure all fields marked with * are completed or we will be unable to process the referral. On completion please return to:

Central Booking Office, 1st Floor, Main Building, Downshire Hospital, Ardglass Road, Downpatrick, Co. Down, BT30 6RL