

Patient Completed Self Referral Form Date:

Please read and complete all parts of this form and hand in or send to local Physiotherapy department

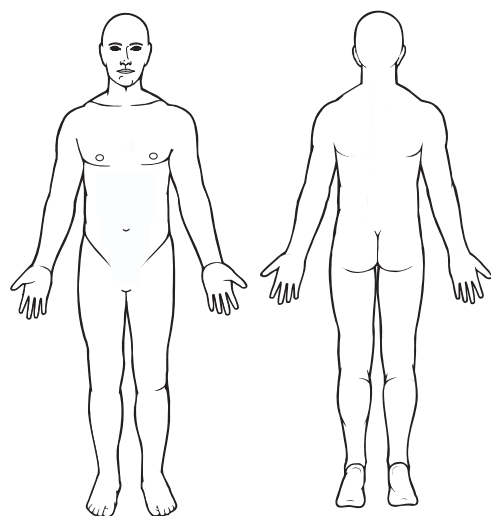
<p>Please consult your GP URGENTLY or NHS 24 on telephone number: 111</p> <p>if you have <u>recently</u> or <u>suddenly</u> developed:</p> <ul style="list-style-type: none"> • difficulty passing urine or controlling bladder / bowels • numbness or tingling around your back passage or genitals • numbness, pins and needles or weakness in both legs 	<p>Please inform your GP of this referral if you:</p> <ul style="list-style-type: none"> • have recently become unsteady on your feet • are feeling generally unwell / fever • have a history of cancer • have any unexplained weight loss
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Name				Date of Birth:		M <input type="checkbox"/>	F <input type="checkbox"/>
Address							
Post Code			Occupation				
Telephone	(home)	(work)		(mobile)			
GP Name			GP Address				

Do you have any special requirements? (e.g. interpreter) No Yes

Please describe:

Please complete for your main problem only



Please mark on the diagram the location of your main problem.

Where is your pain?

Is your pain / problem due to a recent fall or injury? No Yes

Please describe your current problem and symptoms below:

Tick one box only for each question

How long have you had your current problem? (Please state how long if more than 12 weeks)

Less than 2 weeks 2 - 6 weeks 7 -12 weeks more than 12 weeks _____ weeks

Is your problem getting? Worse Better Not changing

If in pain, how would you describe it? Mild Moderate Severe

Is your pain constant (present ALL the time)? No Yes

Is pain disturbing your sleep?

No Yes, difficulty getting to sleep Yes, woken up from sleep Yes, unable to sleep at all

Are you off work because of this problem? No Yes If yes how long:

Are you unable to care for / look after someone because of this problem? No Yes

Is your problem from an injury sustained during active military service? No Yes

Are your day to day activities affected by your pain?

Not at all Mildly Moderately Severely