

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:

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| **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 book a Physio Advice Line telephone assessment. | |
| Aged 16-17\* |  |
| Require a friend, partner, family member or carer to be present |  |
| Communication difficulties |  |
| Difficulty understanding English and therefore require an interpreter |  |

\* 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

**Please also note we can only accept a self-referral form for one condition at a time.**

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| **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:** | | | | | | | |
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| **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.

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| **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  OTHER  *e.g. numbness, pins and needles*  *tingling*  **Please indicate where you feel symptoms:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Neck** |  | **Middle Back** |  | **Lower Back** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | ***My Right*** | ***My Left*** |  | | |  |  | | --- | --- | | ***My Right*** | ***My Left*** | | ***My Left*** | | | **Shoulder** | |  |  | **Hip** |  | | |  | | | **Elbow** | |  |  | **Knee** |  | | |  | | | **Wrist** | |  |  | **Ankle** |  | | |  | | | **Hand** | |  |  | **Foot** |  | | |  | | |

Please complete ALL questions

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

Cambridgeshire Community Services NHS Trust: delivering excellence in musculoskeletal services and pelvic health physiotherapy across Cambridgeshire and Peterborough