

\*PRIVATE AND CONFIDENTIAL\*

## OUT-PATIENT PHYSIOTHERAPY – SELF REFERRAL FORM

Please complete this form as fully as possible

Today's date:		Occupation:	
Full name:		☎ Home tel no:	
Date of birth:		☎ Work tel no:	
Address:		☎ Mobile no:	
		GP name:	
Postcode:		GP Practice:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		

Are you off work because of this problem? Yes  No  Not applicable

Please describe your problem: \_\_\_\_\_

How long have you had this problem for? 0-6 wks  6-12 wks  12 wks  >52 wks

Since it began is the problem: Improving  The same  Worsening  Variable

Are you unable to sleep due to this problem? Yes  No

On a scale of 0-10 please score your pain, where 0 is no pain and 10 is worst possible pain (mark with an X on the line below):  
 0 \_\_\_\_\_ 10

Do you have?

Pins & needles  Numbness  Weakness  If you have any of these symptoms then please describe where? \_\_\_\_\_

Have you had treatment for this problem before? yes  No  if so, when? \_\_\_\_\_

Has anything helped in the past? \_\_\_\_\_

Is there anything you cannot do because of this problem? \_\_\_\_\_

How does it affect you day to day? (mark with an X on the line below):  
 Severely \_\_\_\_\_ Not at all \_\_\_\_\_

Do you have any on-going or previous problems with your health? Please provide brief details (e.g. diabetes)  
 \_\_\_\_\_

It is important that you **complete this form as fully as possible**. Please check over the information you have provided. Please note we cannot take responsibility for any information that has been withheld.

**I agree** that the information that I have provided in this form is accurate and may be shared with my GP.  
**I consent** to relevant medical information being released from my GP if required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**What happens next?**

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Your completed form can either be hand delivered **or** posted to any of the out-patient physiotherapy clinics listed. Please tick if you can only attend specific clinic(s), otherwise we will assume you can attend any site.

- Physiotherapy Department, Blue Zone, 1<sup>st</sup> Floor, Aberdeen Community Health and Care Village, 50 Frederick Street, Aberdeen AB24 5HY
- Physiotherapy Department, South Block, Woodend Hospital, Eday Road, Aberdeen, AB15 6XS
- Physiotherapy Department, Bridge of Don Health Clinic, Cairnfold Road, Aberdeen, AB22 8LD
- Physiotherapy Department, Dyce Health Centre, 23a Altonrea Gardens, Dyce, Aberdeen, AB21 7NQ
- Physiotherapy Department, Peterculter Health Centre, Coronation Road, Peterculter, Aberdeen, AB14 0RQ
- Physiotherapy Department, Torry Neighbourhood Centre, Oscar Road, Torry, Aberdeen, AB11 8ER

***How long will I have to wait before I am offered an appointment?***

A physiotherapist will look at your form and an appointment will be planned based on the information you have supplied. Depending on the nature of your problem you may be placed on a waiting list for physiotherapy. The waiting time for physiotherapy varies depending on the demands on the service and it may be several weeks before we can see you.

***How will I be contacted?***

You will either be sent a letter asking you to contact the department to arrange an appointment or someone may telephone you to arrange it. Please ensure all your contact details have been included on this form **including a day-time telephone number**. We may leave a message on your telephone, please tick the box if you **do not** want us to leave a message .

***Will the information I have provided be shared with anyone else?***

Sometimes we may need to contact your GP if we require further information to help us decide if physiotherapy is appropriate for you. If you are seen by the physiotherapist your GP will be informed of this.

***Can the physiotherapist see me at home?***

This form is only for people who are able to attend an out-patient clinic.

***What should I do if my problem gets worse while I am waiting for an appointment?***

If you feel your problem is worsening and you have concerns about your problem then you should contact your GP or NHS 24 (08454 24 24 24)

Please note that if you have a continence problem and have any bleeding from either your front or back passages then please see your GP first.