PHYSIOTHERAPY SELF REFERRAL FORM

For patients registered with a Huntingdonshire GP

Outpatient Physiotherapy Department
Hinchingbrooke Hospital
Hinchingbrooke Park
Huntingdon
PE29 6NT

If you are over 18 you can telephone the Physio Direct Advice Line on 0300 555 0210 Mon-Fri 8.15am-12.15pm and speak to a senior physiotherapist who will assess you, give advice and may place you on the waiting list for an appointment if necessary OR you may fill out this form and return it to us at the above address or hand it in to your GP. You will be placed on a waiting list to be seen. Waiting times can vary based on demand.

If you are 16-17 years old you will be unable to use the telephone advice line but can access our service by filling in the form as above. We are unable to accept referrals for those under the age of 16.

Please note: the physiotherapy service does not provide emergency care. If you suspect you have sustained a serious injury/broken bone you should visit your nearest A&E department or telephone your surgery for further advice.

Full Name: ______________________  Date of Birth ______________________
Daytime phone no: ______________  Mobile no: _______________________

Are you happy for us to leave an answer phone message?  YES/ NO

Address: ______________________  GP ________________________________
________________________     Surgery ________________________________
________________________     ________________________________

Postcode: ______________________  NHS Number:(if known)______________

Tick if you have hearing/ language difficulties preventing you from using the telephone service
Please provide a brief description of your symptoms:

What type of symptoms are you getting? (Please circle)

PAIN   ACHE   WEAKNESS   ABNORMAL SENSATION   OTHER

e.g. numbness, pins and needles

tingling

Where does your problem trouble you?
Please indicate where you feel symptoms on the chart below

Please complete ALL questions

1. Have you consulted your GP about this problem?  YES  NO

2. Are your symptoms:  IMPROVING  WORSENING  STAYING THE SAME

3. How long have you had the current problem?

4. Are you signed off sick for this problem?  YES  NO

5. How long have you been off sick?

6. Have you attended physiotherapy before for this problem  YES  NO

7. If so when?

8. Does your problem cause you significant sleep loss every night?  YES  NO

9. If yes, how frequent and how long?

10. Do you have a personal history of cancer?  YES  NO

11. Are you currently pregnant?  YES  NO

Signature: __________________________  Date: __________________________

Nov 2016