

Physiotherapy Musculoskeletal Outpatient Self Referral Form



Please complete both sides of this form as fully as possible and return to us at Physiotherapy, Lyme Regis Medical Centre, Uplyme Road, Lyme Regis, Dorset. DT7 3LS. Incomplete forms may be returned to you for further information and delay your assessment. Further copies of this form can be downloaded from our website www.lymeregismedicalcentre.nhs.uk. We are unable to accept your referral by email.

GP SURGERY.....

Name *(Block capitals)*..... DOB.....

Address *(block capitals)*

1. What is your current problem?

2. When did it start?

3. How did it start? ie: Sudden/trauma/no idea

4. How does it affect you?

5. Is the problem:

New ☐ Flare-up of old problem ☐ Ongoing ☐

6. Is your problem:

Getting better ☐ Getting worse ☐ Staying the same ☐

7. Have you had any investigations for this problem? (E.g. Scans, X-rays, Blood tests)

Yes ☐ No ☐

If **YES** please give **DETAILS** and your results if you know them

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8. Have you seen a specialist/consultant regarding this problem? Yes ☐ No ☐

If **YES** please give **DETAILS**:

.....

9. Have you had any previous treatment for this problem? (E.g. Medical treatment, Physiotherapy, Osteopathy, Chiropractor)

Yes ☐ No ☐

If **YES** please give details including **WHERE & WHEN**:

.....

PLEASE TURN OVER FOR FURTHER QUESTIONS

Version 1:Sept 2013

Name..... DOB.....

10. Medical conditions: Please circle Yes or No as appropriate.

History of Cancer	Y / N	Previous Surgery/Operations	Y / N
Heart Condition	Y / N	Previous Fractures	Y / N
Lung Condition	Y / N	History of Osteoporosis	Y / N
Epilepsy	Y / N	Diagnosis of Osteoarthritis	Y / N
Diabetes	Y / N	History of Rheumatoid Arthritis	Y / N
Thyroid Problem	Y / N	History of Mental health Condition:	Y / N
History of TB	Y / N		

If Yes, please give details

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.....

11. Please list all the medications you are taking:

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.....
.....

Does this include: Steroids Y / N Blood-thinning Tablets ie: Aspirin, Warfarin Y / N

12. Employment Status: are you

Employed ☐ Unemployed ☐ Retired ☐ Carer ☐

Please give details:.....

13. How do you think physiotherapy will be able to help your problem?

14: Please indicate the telephone number you wish us to contact you on.

Home Tel:

Work Tel:

Mobile Tel:

I _____ confirm that the information provided above is correct to the best of my knowledge. I give my consent to the physiotherapy assessment and treatment of my problem and to communication on the above. I agree to the physiotherapist sharing information with relevant medical professionals as necessary (This may be withdrawn at any time during this period).

Your completed self referral form will be triaged by our physiotherapists and we will contact you by letter or telephone as soon as possible to offer you an appointment. Depending on our waiting list we can usually see you within six weeks of receiving your fully completed form.

Please note that we are trying to reduce our waiting times. If you fail to attend your appointment and give no notice of cancellation you will not routinely be offered another appointment without a referral from your GP.

Patient Signature Date:.....

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