

**Patient Completed Self Referral Form** Date:

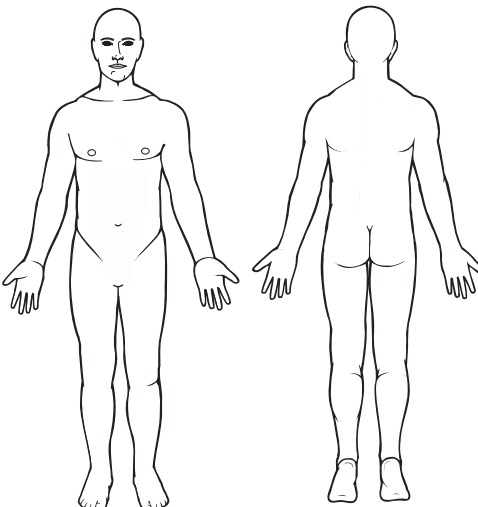
**Please read and complete all parts of this form and hand in or send to local Physiotherapy department**

<p><b>Please consult your GP URGENTLY or NHS 24 on telephone number: 111</b> if you have <u>recently</u> or <u>suddenly</u> developed:</p> <ul style="list-style-type: none"> <li>• difficulty passing urine or controlling bladder / bowels</li> <li>• numbness or tingling around your back passage or genitals</li> <li>• numbness, pins and needles or weakness in both legs</li> </ul>	<p><b>Please inform your GP of this referral if you:</b></p> <ul style="list-style-type: none"> <li>• have recently become unsteady on your feet</li> <li>• are feeling generally unwell / fever</li> <li>• have a history of cancer</li> <li>• have any unexplained weight loss</li> </ul>
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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