Patient Completed Self Referral Form D

Date:



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

Please consult your GP URGENTLY or NHS 24 on telephone number: 111			Please inform your GP of this referral if you:		
if you have <u>recently or suddenly</u> developed:			 have recently become unsteady on your 		
 difficulty passing urine or controlling bladder / bowels 			feet		
 numbness or tingling around your back passage or 			 are feeling generally unwell / fever 		
genitals			have a history of cancer		
• numbness, pins and needles or weakness in both legs			 have any unexplained weight loss 		
Name		Date of Birth: M 🗌 F 🗌			
Address					
Post Code		Occupation			
Telephone	(home)	(work)		(mobile)	
GP Name		GP Address			
Do you have any special requirements? (e.g. interpreter) No \Box Yes \Box					
Please describe:					
Please complete for your main problem only					
Please mark on the diagram the location of your main problem. Where is your pain?					
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 weeks					
Is your problem getting? Worse \Box Better \Box Not changing \Box					
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 Ves, difficulty getting to sleep Yes, woken up from sleep Yes, unable to sleep at all					
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 on work because of this problem? No \Box res \Box in yes now long. Are you unable to care for / look after someone because of this problem? No \Box Yes \Box					
Is your problem from an injury sustained during active military service? No \Box Yes \Box					
	to day activities affected by		initiary service:		<u> </u>
Not at all Mildly Moderately Severely Mildly Moderately					