

Self-Referral for Routine Adult Out-Patient Physiotherapy (over 16 years of age)

IMPORTANT - This form must be completed in full or an appointment may be delayed

Name: <i>Mr/Mrs/Miss/Ms</i>		Address:
Date of Birth:		
Date of Referral:		Postcode:
Hospital Number (if known):		GP (Name and Address):
NHS Number (if known):		
Tel No:	Home	Work
		Mobile No
Do you require an Interpreter? YES / NO If yes, which language?		

Please give a brief description of why you would like a Physiotherapy assessment and how your problem is affecting you?

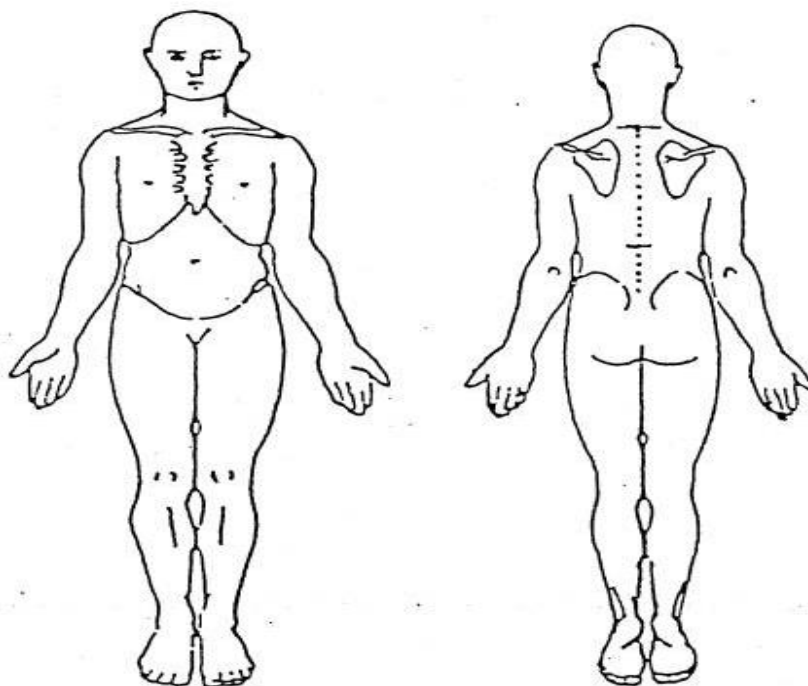
Please note that the Physiotherapist will only address one problem at your assessment, you can discuss with the therapist if you require further sessions.

How long have you had this problem?		
Have you had any previous treatment for this problem? YES / NO When?		
Are the symptoms worsening?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are you able to carry out your normal activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are you off work/unable to care for a dependent because of this problem? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

Please list any medication you are taking.

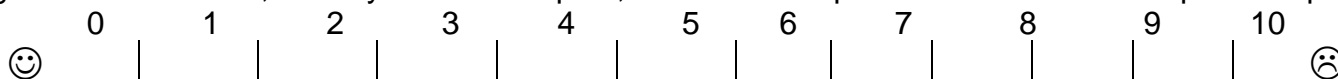
Please tell us of any existing medical conditions/ health problems you have

Can you mark on the body chart where you are getting the pain / problem?



Have you had any other symptoms such as tingling/numbness/muscle weakness?
Please mark on body chart above.

Using a scale of 0 to 10, score your level of pain, where 0 is no pain and 10 is the worst possible pain



If you experience any of the following, you need to seek attention via A&E

Numbness and/or altered sensation such as pins and needles around your back passage or genitals,
e.g. when wiping after toileting. Sudden change with passing or controlling urine

If you experience any of the following, you need to speak to your doctor as soon as possible

Generally feeling unwell /night pain that does not settle with moving position

Back pain that starts when you have other problems, such as rheumatoid arthritis or cancer

Weakness in one or both legs that has not improved after one week/unsteadiness when you walk

Signature _____ Date _____

Please return this form to:

AHP Central Appointments
1st Floor Education Building
Bishop Auckland General Hospital
Cockton Hill Road, Bishop Auckland
Co. Durham DL14 6AD

Email: cdda-tr.centralbooking@nhs.net