

# Self-Referral form: County Durham Integrated MSK Service (CD IMS)

County Durham  
and Darlington  
NHS Foundation Trust

## Personal details

Please ensure all sections of this form are completed in full

Title		NHS number	
Surname		Gender	
First name		Occupation	
Preferred name		Ethnicity	
Date of birth		Religion	
Address		Language	
Post Code		Consent for SMS Text Appointments to be sent	
Daytime Tel		Can patient/carer communicate by Telephone?	
Emergency Tel		Emergency Contact name	

GP name	
GP Practice address or code	

### Please tick applicable boxes

Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	Interpreter needed	<input type="checkbox"/>

MSK Referral – Please provide a brief description of why you would like a Physiotherapy assessment and how your problem is affecting you?

What are your expectations from this referral?

Are you under the care of any other specialist e.g. Gynaecology, Surgery, Cancer specialist, Rheumatology, fracture clinic, Orthopaedics YES ☐ NO ☐

If yes provide details:

Please give details of any investigations you have had for this problem eg xrays, blood tests (if applicable)

Provide details

Do you have any other medical conditions or previous medical history that may be relevant? Eg Pregnancy, diabetes, fractures, cancer etc

Provide details

Please list any medication you are taking

Provide details

**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  
1<sup>st</sup> Floor Education Building  
Bishop Auckland General Hospital  
Cockton Hill Road, Bishop Auckland  
Co. Durham DL14 6AD

Email: [cdda-tr.centralbooking@nhs.net](mailto:cdda-tr.centralbooking@nhs.net)