

Physiotherapy Self- Referral Form for University Hospitals Plymouth NHS Trust.

Tick the area your GP is registered with

Plymouth

Tavistock

Kingsbridge

Prior to completing this self-referral form please be advised that:

- We can only accept self-referrals from patients (16 years or older) living within the Plymouth, Kingsbridge or Tavistock catchment area, who are registered with a **Plymouth, Kingsbridge or Tavistock GP**.
- You must be seeking help with a Musculoskeletal problem, such as neck or back pain or soft tissue or joint problems such as strains and sprains. Further guidance can be found on our web page <https://www.plymouthhospitals.nhs.uk/physio-self-referral>
- It is important you do not self-refer if you have any of the following conditions without consulting your GP
Unexplained weight loss, unexplained bladder or bowel problems, history of cancer, night pain, fever or night sweats, unsteady on feet or pins & needles/numbness in both arms or in both legs.

Can I refer for multiple problems?

We request that you refer for just one condition per referral. This is to keep waiting times down and improve the quality of your care.

Once a physiotherapist has completed care for this condition you may then refer again for something else if necessary.

Title:	Surname:	First Name:
Address:		Postcode:
Home Tel No:	Are you Male/Female:	
Mobile Tel No:	Can a message be left:	
Email Address:	Hospital No:	
NHS Email Address:	NHS Number:	
Will an interpreter be required?	If yes, which language?	
Which GP Practice are you registered with:	Did your GP suggest being referred to Physiotherapy?	
Having you consulted your GP about this problem?	DOB:	

What is the main problem area?

Is the problem new, flare up of an old problem, ongoing or long term?

And is it getting better, worse, staying the same?

When did the problem start?

Please describe your current symptoms.

What do you think happened to cause the problem?

What do you think will help?

What are you hoping to achieve from Physiotherapy?

Have you had any investigations for this problem? eg scans, x-rays, blood tests

Have you had any previous treatment for this problem? eg medical treatment, physiotherapy, osteopathy, chiropractic treatment.

If yes when did you have your treatment? What did you have? How many sessions did you have? And what was the outcome?

What is your employment status?

Do you have any medical conditions or previous medical history? eg surgery which maybe relevant, pregnancy, diabetes, fracture etc.

Are you comfortable to be treated by a physiotherapist of either gender?

If no, which gender physiotherapist do you require?

Are you on any regular medication? Is so please can you list your medication

Please tick the following statement to confirm the following;

- I can confirm I have read the self-referral form and have completed it with accurate information to the best of my knowledge.
- I am referring for one problem only.
- I am over the age of 16 years old.
- I am not referring for a respiratory or neurological condition ie stroke, spinal cord injury.

For official use only

B&P	Hydro	TKR	Paeds	Code
Rheum	Gynae	Obs	T3	
MSK	Chest			Urgent / Routine
Other speciality / out of area				Senior / Physio