

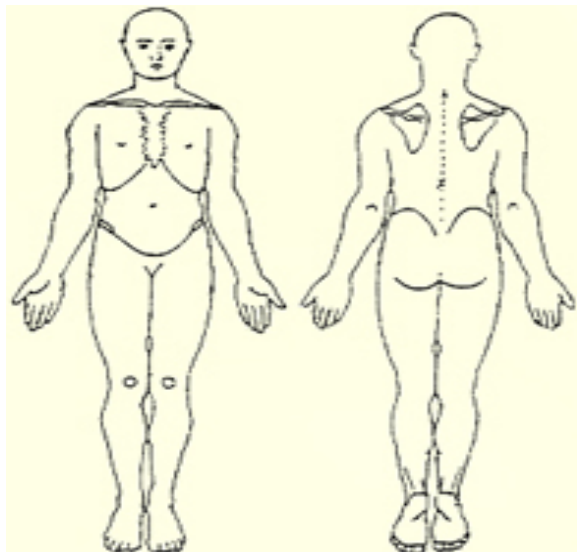
## PHYSIOTHERAPY REFERRAL

This form allows you to refer yourself directly for physiotherapy without seeing your GP. Please fill in all parts of the form ON BOTH SIDES. This information is very important and allows us to allocate you an appropriate appointment. If your details are incomplete this may delay your appointment.

Once completed please hand into your GP reception..

Name: _____	Date of Birth: _____
Address: _____ _____	GP Name: _____
Daytime phone number _____	GP Surgery: _____
Mobile _____	Today's date ____/____/____
Next of Kin _____	<b>GP use only:</b> <b>CHI</b> .....
Next of Kin Contact Number _____	<b>Any further info?</b>

Please shade in the location of your problem on the body chart



Please mark on the body chart if you have had any unusual pins and needles or numbness because of this problem.

Please describe your present problem & symptoms:

**For GP referrals only:**  
GP Signature -

**Please answer the following questions:**

1. How long have you had this problem?

Less than 3 weeks       3-7 weeks       More than 7 weeks

2. Is the problem: New       Longstanding       Flare up of old

3. Have you had treatment for this problem before?      No       Yes

If yes, by who? E.g.: physio, pain service

4. Have you had a recent operation?      No       Yes

If yes, please give details/date of operation:

5. Have you had a recent broken bone (fracture)?      No       Yes

If yes, please give details/date:

6. Are you pregnant?      No       Yes

If yes, please give due date:

7. Are your symptoms getting significantly worse?      No       Yes

8. Are you off work / unable to care for a dependant because of this problem?

Yes       No       Not applicable       Long Term Incapacity

9. Have you suddenly lost weight without trying?      No       Yes

If yes how much weight over what timescale?

10. Have you ever had cancer?      No       Yes

**If yes, please give details:**