

Physiotherapy Direct Self-Referral Form



Musculoskeletal Services
Newham

PLEASE COMPLETE THIS FORM FULLY TO ASSIST THE PHYSIOTHERAPIST
IN PRIORITISING YOUR APPOINTMENT

PLEASE MAKE SURE YOU READ THE PROCESS GUIDE ON THE BACK OF THIS FORM BEFORE SUBMITTING.

NHS number :		Title:	
GP Name and Surgery		Name:	
D.O.B		Your Address	
Ethnicity		Tel:	Mobile:
		Email:	

Current problem :

How long have you had this problem?

Have you had any previous treatment for this problem?	Yes []	No []	
Have you seen your GP regarding this condition?	Yes []	No []	
Have you had previous Physiotherapy for this problem?	Yes []	No []	
If yes did it help and when did you have it?	Yes []	No []	When.....

What are your expectations of physiotherapy? (E.g. What would you like to achieve that you are currently unable to do?)

Do you have, or have you had in the past, any of the following? Please tick boxes.

Osteoporosis []	Anti coagulants []	Gynaecological problems []
Fainting fits []	Bone fractures []	High/Low blood pressure []
Headaches []	Pace maker []	Deep vein thrombosis []
Accident []	Diabetes []	Radiation therapy []
Epilepsy []	H.R.T. []	Bladder/Bowel problems []
Cancer []	Allergies []	Heart Condition []

Do you have any other medical condition not listed above?

What medications are you taking at present, or have been taking?

Please indicate if there is a possibility that you are pregnant Yes [] No [] Maybe []

All patients

Do you have any preference over gender of Physiotherapist: Male [] Female [] No preference []

Do you require an Advocate for your appointment: Yes [] No [] If yes Language []

Please sign and date below to allow your information to be shared with MSK Newham Services.

HAVE YOU BEEN REFERRED VIA THE 'getUBetter' APP? Yes [] No []

Patient Name: _____ **Signature:** _____ **Date:** _____

PLEASE TURN OVER FOR PATIENT GUIDE

Patient Guide to Physiotherapy referrals

What should I do if my GP gives me a self-referral form?

- If your GP asks you to complete a self-referral form, you will need to complete **all** sections of the form.
- Ensure your form is completed in full. An incomplete referral form will be returned to you delaying your treatment.
- You will be required to submit your form to the MSK Newham SPA, you have 3 options of doing this;
 1. Place form into our **Physiotherapy referral box** kept in the reception at our Physiotherapy clinic on 29 Romford Road, E15 4LY (Mon –Fri 08:30 – 16:30)
 2. Post the form to MSK Newham, 29 Romford Road, E15 4LY
 3. Email to: MSKservicesnewham@nhs.net
- Once the booking service has received the form it will be reviewed by a clinician. This will take up to two working days from receipt. Please call MSK Newham on **020 3819 4999** (Monday-Friday 10am-2.00pm) to book an appointment, allowing time for referral to be reviewed.

If you do not attend your appointment you will be automatically discharged as not requiring the service and will need to submit another referral form if you decide you still require physiotherapy services

Service provided by

Barts Health NHS Trust | Homerton University Hospital NHS Foundation Trust | East London NHS Foundation Trust
BMI Healthcare Limited | Essex Lodge I Health Ltd | Patient First Social Enterprise Ltd

MUSCULOSKELETAL HEALTH QUESTIONNAIRE (MSK-HQ)

NAME:

D.O.B.

DATE:

This questionnaire is about your **joint, back, neck, bone and muscle symptoms** such as aches, pains and/or stiffness.

Please focus on the particular health problem(s) for which you sought treatment from this service

*For each question **tick (✓) one box** to indicate which statement best describes you **over the last 2 weeks**.*

1. Pain/stiffness during the day How severe was your usual joint or muscle pain and/or stiffness overall during the day in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Fairly severe <input type="checkbox"/> 1	Very severe <input type="checkbox"/> 0
2. Pain/stiffness during the night How severe was your usual joint or muscle pain and/or stiffness overall during the night in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Fairly severe <input type="checkbox"/> 1	Very severe <input type="checkbox"/> 0
3. Walking How much have your symptoms interfered with your ability to walk in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Unable to walk <input type="checkbox"/> 0
4. Washing/Dressing How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Unable to wash or dress myself <input type="checkbox"/> 0
5. Physical activity levels How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Very much <input type="checkbox"/> 1	Unable to do physical activities <input type="checkbox"/> 0
6. Work/daily routine How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work & jobs around the house)?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0
7. Social activities and hobbies How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0

8. Needing help How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Rarely <input type="checkbox"/> 3	Sometimes <input type="checkbox"/> 2	Frequently <input type="checkbox"/> 1	All the time <input type="checkbox"/> 0
9. Sleep How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Rarely <input type="checkbox"/> 3	Sometimes <input type="checkbox"/> 2	Frequently <input type="checkbox"/> 1	Every night <input type="checkbox"/> 0
10. Fatigue or low energy How much fatigue or low energy have you felt in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slight <input type="checkbox"/> 3	Moderate <input type="checkbox"/> 2	Severe <input type="checkbox"/> 1	Extreme <input type="checkbox"/> 0
11. Emotional well-being How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0
12. Understanding of your condition and any current treatment Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?	Completely <input type="checkbox"/> 4	Very well <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Slightly <input type="checkbox"/> 1	Not at all <input type="checkbox"/> 0
13. Confidence in being able to manage your symptoms How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?	Extremely <input type="checkbox"/> 4	Very <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Slightly <input type="checkbox"/> 1	Not at all <input type="checkbox"/> 0
14. Overall impact How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Very much <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0

Physical activity levels In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? <i>This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.</i>							
None <input type="checkbox"/>	1 day <input type="checkbox"/>	2 days <input type="checkbox"/>	3 days <input type="checkbox"/>	4 days <input type="checkbox"/>	5 days <input type="checkbox"/>	6 days <input type="checkbox"/>	7 days <input type="checkbox"/>

Thank you for completing this questionnaire.

The MSK-HQ total score is the sum of items 1-14, using the response values provided.

MSK-HQ – Questionnaire for joint, back, neck, bone and muscle symptoms