

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 :		Mr Mrs Miss	
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?

Ladies 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. Hand deliver your form to reception and place form into **physiotherapy referral box** at East Ham Care Centre, Shrewsbury Road, Forest Gate, London E7 8QP
 2. Post the form to MSK Newham, East Ham Care Centre, Shrewsbury Road, Forest Gate, London E7 8QP
 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** 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

