

**Musculoskeletal Physiotherapy Self-Referral Form**

**Please complete both pages of this self-referral form as it will provide us with helpful information that will assist us in deciding on your most appropriate clinic appointment and treatment.**

You can self-refer to the Musculoskeletal Physiotherapy Service if you are over 16 years old and have a musculoskeletal problem, i.e. a muscle or joint problem limiting your function. However, if any of the following apply, please **DO NOT** self-refer to physiotherapy and see your GP first to decide if a referral to physiotherapy is appropriate at this time.

- unexplained bladder or bowel problems
- unexplained weight loss
- history of cancer
- persistent night pain
- fever or night sweats
- unsteady on your feet
- pins and needles / numbness in both arms or legs
- pregnancy
- chest pain or abdominal pain

**Patient details:**

Surname	First Name	Gender	Date of Birth	Age
Address		Post Code	NHS Number	
Home Tel	Tick Preferred: <input type="checkbox"/>	Can we leave message? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mobile Tel	<input type="checkbox"/>	Can we send text messages for appointments? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work Tel	<input type="checkbox"/>	Is an interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
E-Mail	If yes, what language?			
GP Name and details	Have you consulted your GP about this problem? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Medical History: Please tell us about your past medical history and medications you take.**

Do you have any of the following medical conditions? <i>Please tick which apply. Please add any further problems or conditions in the 'other' section that you feel might be relevant.</i>					
High blood pressure / heart problems	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	History of Cancer	<input type="checkbox"/>
Poor circulation	<input type="checkbox"/>	Nervous system disease	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Related Surgery/Operations	<input type="checkbox"/>		
Other conditions:					
Medication:					

**Returning your self-referral form:**

**By EMAIL** - Please send this completed form by email to: [msk.clinic@nhs.net](mailto:msk.clinic@nhs.net)

**By POST**- Please send this completed form by post to: Sandwell and West Birmingham Musculoskeletal Physiotherapy Service, Sandwell Hospital, Primary Care Buildings, Lewisham Street, West Bromwich, West Midlands, B71 4HJ. If you have any queries please contact our central booking service on **0121 507 2664 option 3.**

**Reason for referral**

Today's date:

Which part of your body is affected?

How does this problem affect you?

When did this problem first start?

If you have had physiotherapy for this problem before please provide us with the details of your treatment including when and where you received this treatment?

Please indicate what you would like to achieve from attending physiotherapy?

Please tell us what other treatments (other than physiotherapy) or investigations you have had for this problem, including when and where you received this treatment / investigations?

Please indicate if you have a preference to see a physiotherapist of your own gender? Yes  No

**BACK PAIN ONLY**

If you have self-referred with **back pain** please complete the questionnaire below. Thinking about the **last 2 weeks** tick your response to the following questions:

	Disagree	Agree							
1 My back pain has <b>spread down my leg(s)</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>							
2 I have had pain in the <b>shoulder or neck</b> at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>							
3 I have only <b>walked short distances</b> because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>							
4 In the last 2 weeks, I have <b>dressed more slowly</b> than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>							
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>							
6 <b>Worrying thoughts</b> have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>							
7 I feel that <b>my back pain is terrible</b> and <b>it's never going to get any better</b>	<input type="checkbox"/>	<input type="checkbox"/>							
8 In general I have <b>not enjoyed</b> all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>							
9 Overall, how <b>bothersome</b> has your back pain been in the <b>last 2 weeks</b> ?									
Not at all	<input type="checkbox"/>	Slightly	<input type="checkbox"/>	Moderately	<input type="checkbox"/>	Very much	<input type="checkbox"/>	Extremely	<input type="checkbox"/>

Office use only - score:

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