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**PHYSIOTHERAPY SELF REFERRAL FORM**

Please complete in Block Capitals

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| **This form should only be used for patients wishing to have physiotherapy for musculoskeletal problems (back/neck pain, joint pain, soft tissue injuries). If you are under the age of 16, or wish to have treatment for a lung or respiratory conditions, a neurological problem such as Multiple sclerosis, Parkinsons, Stroke, or an obstetric/gynaecological problem, you would have to be referred by your GP in the normal way and to the appropriate Physiotherapy service.**  |
| Full name: |  | D.O.B: |
| Occupation: |  |
| Address: | Post code: |
| GP NamePractice | Telephone Numbers. Can we leave a message (please circle)?Home YES NOWork YES NOMobile YES NO |
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| Do you have any special requirements? (e.g. interpreter) YES NO If yes, please supply further information: |

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| **Please complete for your main problem only**http://www.wps.ac.nz/Portals/9/Documents/Screening%20Tools/pain-chart-blank.JPG | Please mark on the diagram the location of your main problem.Where is your pain?Is your pain / problem due to a recent fall or injury? YES NO Please describe your current problem and symptoms below: |
| How long have you had this problem? ………. Days ……….Weeks ……….Months ……….Years  |
| How did it start? *(Just came on, injury, fall, long term problem etc)* |
| Is your pain: Mild Moderate Severe |
| Is your problem getting worse? Worse Better Same |
| Is there any previous history relating to the pain, or is it recurring? YES NO (if yes please give details) |
| If so, have you had any X-rays or other tests/treatment for this problem? YES NO (If yes please give details) |
| Is your pain causing you to be absent from work? YES NO |
| What are your expectations from Physiotherapy? |

*Signature*

*Date*

**Please call 02380 170 611 to arrange an appointment.**

Please bring this referral form with you to your appointment.