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| If you are **16 or over** and have a **registered GP** in **Southampton or Portsmouth City** you are able to refer to the MSK Physiotherapy Service for a range of muscle and joint problems including back/neck pain, joint pain, strains and sprains.  |
| Important information below, please read before you start to complete this Self Referral form.You can now self refer online via [**www.solent.nhs.uk/physioselfreferral**](http://www.solent.nhs.uk/physioselfreferral) |
| * Difficulty passing urine or controlling bladder/bowels.
* Numbness or tingling around your back passage or genitals.
* Numbness, pins and needles or weakness in both legs.
* Are feeling generally unwell/fever.
* Have any unexplained weight loss.
* Have a history of cancer.
* Have recently become unsteady on your feet.
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| Patient Demographics: |
| ***Forename:*** |  | ***Gender:*** |  |
| ***Surname:*** |  | ***Date of Birth:*** |  |  |  |
| ***Patients******Address:*** |  | ***Email Address:*** |  |
| ***Postcode:*** |  |
| ***Contact Tel N°:*** |  | ***NHS N°*** |  |
| ***GP Practice******Name:*** |  | ***GP Surgery Address:*** |  |
| ***Are you pregnant?*** |  | ***If yes, please state how many weeks pregnant*** |  | Weeks |
| ***Do you have any special requirements?*** (i.e. Interpreter/BSL) |  | ***If yes to special requirements, please supply further information:***  |
| *Please continue with questions on page 2* |

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| **Referral Details** – Please **circle** your answer |
| Please describe your current problem and symptoms below (including location of pain, swelling, stiffness, pins and needles, weakness etc). |
| Is your pain there all of the time? | Yes | No | Do you wake up at night because of pain? | Yes | No | Some nights | Most Nights  | Every Night |
| How long have you had this problem? | Days | Weeks | Months | Years | Is your problem getting? | Worse | Better | No Change |
| Have you had an X-Ray or any other tests for this problem?  | Yes | No |
| If yes to the above please give details  |  |
| Have you had Physio or other treatment for this problem?  | Yes | No |  |
| If yes to the above, please give details including approximate dates: |  |
| Is this problem causing you to be absent from work? | Yes, days | Yes, weeks | Yes, months | No |
|  | Retired | Not applicable |
| Are your day to day activities affected by your pain?  | Not at all | Mildly |
|  | Moderately | Severely |
| NB: if this referral is for back pain the following questions **must** be answered or referral will be rejected: |
| Is this referral for **back pain?** | Yes | No |  |
| If yes to the above, please complete **STarTback** questions (Q1-Q9) below: | Yes | No |
| 1 | My back pain has **spread down my leg(s)** at some time in the last two weeks |[ ] [ ]
| 2 | I have had pain in the **shoulder** or **neck** at some time in the last two weeks |[ ] [ ]
| 3 | I have only **walked short distances** because of my back pain |[ ] [ ]
| 4 | In the last two weeks, I have **dressed more slowly** than usual because of back pain |[ ] [ ]
| 5 | It’s not really safe for a person with a condition like mine to be physically active |[ ] [ ]
| 6 | **Worrying thoughts** have been going through my mind a lot of the time |[ ] [ ]
| 7 | I feel that my **back pain is terrible** and **it’s never going to get any better** |[ ] [ ]
| 8 | In general I have **not enjoyed** all the things I used to enjoy |[ ] [ ]
| 9 | Overall, how **bothersome** has your back pain been in **the last two weeks?** |
| Not at all | Slightly | Moderately | Very much | Extremely |
|[ ] [ ] [ ] [ ] [ ]
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| It is recommended that you keep this sheet for your information: |
| What Next?* Complete your self-referral form FULLY
* Incomplete forms WILL NOT be processed and this will delay your assessment

1* Return self referral form either by post, email or in person
* Southampton residents – SNHS.MSKSPAreferrals@nhs.net
* Portsmouth residents – SNHS.MSK-Physiotherapy-Referrals-Portsmouth@nhs.net

2* Southampton residents – Southamptonemail@address.com Portsmouth residents – Portsmouthemail@address.com
* Please allow 4 clear working days from submitting your referral form before you contact the department. (Posted referrals will take longer).

3For Southampton referrals contact0300 123 6680Mon-Fri 0800-1600For Portsmouth referrals contact0300 123 6681Mon-Fri 0800-1600 |
|  Southampton or PortsmouthFor Portsmouth appointments post to:St Mary’s Community Hospital CampusMilton RoadPortsmouthHantsPO3 6ADFor Southampton appointments post to:Adelaide Health CentreWestern Community Hospital Campus William Macleod WaySouthamptonHantsSO16 4XE |
| * Self Referrals can only be accepted from patients age 16 and over.
* If you do NOT contact the department within 2 weeks your referral will be discharged.
* Please be aware, we cannot be held responsible for the security of your email and its contents during transit.  We can however, reassure you that once we have received the email we will store the information in a confidential, appropriate manner.
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