Physiotherapy Service

You can now see a physiotherapist without having to see your GP first. Some of the complaints we can help with are:

<table>
<thead>
<tr>
<th>Back Pain</th>
<th>Knee Pain</th>
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<tbody>
<tr>
<td>Neck Pain</td>
<td>Hip Pain</td>
</tr>
<tr>
<td>Shoulder Pain</td>
<td>Ankle Pain</td>
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**Physiotherapy Self Referral**

**Do you think you need physiotherapy?**

You can now see a physiotherapist without having to see your GP first. Just fill out the form inside this leaflet in full and send it to the address supplied. If you have any concerns, you can always be referred for physiotherapy in the normal way by your GP - please make an appointment as usual.

Unfortunately, this service is not available if you are under 16 years of age or require physiotherapy for neurological, breathing or gynaecological problems.

**What will happen next?**

A physiotherapist will look at your form. We will then contact you to arrange an appointment based on the information you have supplied. Depending on the nature of your condition, you will probably be placed on a waiting list for physiotherapy. If you have any concerns you should make an appointment with your GP.

On your first appointment the physiotherapist will assess your condition.

It is possible you may be asked to undress.

If you have a back or lower leg problem, please bring a pair of shorts with you to wear during the examination.

If you are pregnant, suspect you may be pregnant or have a pacemaker, please inform the physiotherapist.

If you need an interpreter or a chaperone you may wish to bring somebody with you. Alternatively, if you need us to provide you with a chaperone or interpreter, please contact the department in advance.
Musculoskeletal Physiotherapy Self Referral Form

* denotes mandatory field, referrals may be rejected without this information

<table>
<thead>
<tr>
<th>Today’s Date:</th>
<th>*Date of Birth:</th>
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<td></td>
<td>(self referral not available if you are under 16)</td>
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| *Name: | *Address: |

| Telephone Number: | (Home) | (Work) | (Mobile) |

| *GP Name: | *GP Surgery Address: |

Where did you hear about being able to refer yourself to physiotherapy? *(please tick)*

- From your GP
- At your GP surgery
- Friend/family
- Health Care Professional
- Other

*Why do you want physiotherapy? (Please note only one problem can be treated per referral).*

- Back Problem
- Neck Problem
- Shoulder Problem
- Knee Problem
- Hip Problem
- Lower leg/ankle/foot problem
- Wrist/hand problem
- Other *(please describe)*

How long have you had this complaint?

Have you had physiotherapy for this problem before?  Yes  No  If yes, how long ago

Do you require an interpreter?  Yes  No  If Yes, which language? ...........................................

Are you off work/unable to care for a dependent because of this problem?:

- Yes
- No
- Not applicable

If you have back pain, have you had any difficulties passing or controlling urine?

- Yes  No  **If yes please see your GP first**

Have you suddenly lost weight without trying?

- Yes  No  **If yes please see your GP first**

Have you had any other symptoms such as numbness, tingling or muscle weakness?

- Yes  No  **If yes please see your GP first**

Please return this form to:

**Physiotherapy Department, Gilbert Hitchcock House, Kimbolton Road, Bedford, MK40 2NU**