Adult Outpatient Musculoskeletal (MSK) Physiotherapy

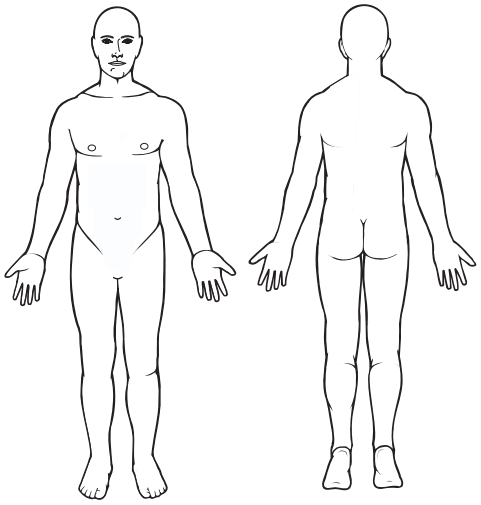
Patient Completed Self Referral Form

NHS Greater Glasgow and Clyde

Please complete all parts of this form and hand in or send to local Physiotherapy department

Date		Name			M ☐ F ☐
Address				Date of Birth:	
Post Code		Occupation			
Telephone	(home)	(work)		(mobile)	
GP Name		GP Address			

Do you have any special requirements? (e.g. interpreter) No ☐ Yes ☐
Please describe:



Please mark on the diagram the location of your problem.

Where is your pain?

Is your pain / problem due to a recent fall or injury? No ☐ Yes ☐

Please describe your current problem and symptoms below:

How long have you had your current problem?
Less than 2 weeks ☐ 2 - 6 weeks ☐ 7 -12 weeks ☐

If more than 3 months, please state how long:

Is your problem getting? Worse ☐ Better ☐ Not changing ☐

If in pain, how would you describe it? Mild ☐ Moderate ☐ Severe ☐

Is your pain constant (present ALL the time)? No ☐ Yes ☐

Is pain disturbing your sleep?
Yes, difficulty getting to sleep ☐ Yes, woken up from sleep ☐ Yes, unable to sleep at all ☐ No ☐

Are you off work because of this problem? No ☐ Yes ☐ If yes how long:

Are you unable to care for / look after someone because of this problem? No ☐ Yes ☐

Is your problem from an injury sustained during active military service? No ☐ Yes ☐

Are your day to day activities affected by your pain?
Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐

Please consult your GP URGENTLY or NHS 24 on telephone number: 111

if you have <u>recently or suddenly</u> developed:

- 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

Please inform your GP of this referral if you:

- have recently become unsteady on your feet
- are feeling generally unwell / fever
- have a history of cancer
- have any unexplained weight loss