

Physiotherapy Self-Referral

Refer yourself directly to physiotherapy

The MSK Service is suitable for low back pain, neck pain, recent strains and sprains, joint and muscle pain.

Don't use this form if:

1. You are a patient under 16
2. You are a Clinician
3. You are being cared for by the
4. Pain Service. If you are, contact the service directly if you have a number or go back to your GP

If you experience any of the below please see your GP before self-referring:

1. Have recently become unsteady on your feet
2. Are feeling generally unwell or have a fever
3. Have any unexplained weight loss
4. Have a history of cancer

Urgently Consult your GP or NHS 24 (by calling 111) if you have recently/ suddenly developed – DO NOT self-refer with these symptoms:

1. Difficulty passing urine or controlling bladder/bowels
2. Numbness or tingling around your back passage or genitals
3. Numbness, pins and needles or weakness in both legs

Before you complete this form please try the advice on the website:

<https://mskr.info/?companycode=mskr2019>

Name: _____ Date of Birth: _____ Male Female

Address: _____

Postcode: _____

Telephone (home): _____ Telephone (mobile): _____

Email address: _____

Do you consent to receiving text messages? Yes No

Do you consent to sharing your electronic health record with the MSK service? Yes No

Do you consent to receiving emails from us? Yes No

GP Name: _____ GP Surgery: _____

Signature: _____ Date: _____

How do your current problems affect you (on average) over the course of a week?

Are your day to day activities affected by your symptoms?

- Not at all Mildly Moderately Severely

Are your symptoms disturbing your sleep?

- No Yes, difficulty getting to sleep
 Yes woken up from sleep Yes, unable to sleep at all

If you are in pain, how would you describe it?

- Mild Moderate Severe

How long have you had your current problem?

- Less than 2 weeks 2-6 weeks 7-12 weeks
If more than 12 weeks, how many? _____

Have you had physiotherapy for this before?

- Yes No **If Yes, how long ago?** _____
Did it help? Yes No

Did your problem start:

- Gradually Suddenly As a result of injury

Are your symptoms:

- Improving Worsening Staying the same

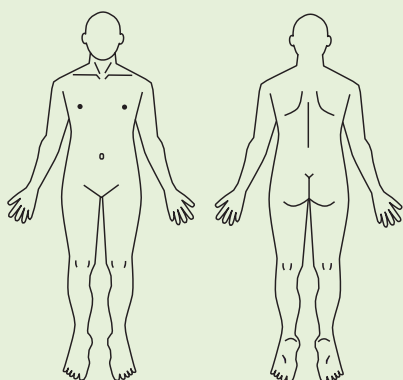
Is your current problem stopping you from doing any of the following:

Work: Yes No **Playing sport:** Yes No **Driving:** Yes No

Caring for a dependent: Yes No **Are you a wheelchair user or do you have any other mobility issues?** Yes No

If you have answered yes to anything on the list, please give details below:

Please mark on the body diagram (with an X) where your main problem is and where you are having symptoms



Please describe your current problem and symptoms below:

Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.

- Ashfield Health and Wellbeing Centre
 Newark Hospital
 Collingham Medical Centre
 Crown (Clipstone) Medical Centre
 Southwell Medical Centre
 Mansfield Community Hospital
 King's Mill Hospital Mansfield

Please post, email or deliver in person to:

MSK Physiotherapy Department
 Ashfield Health & Wellbeing Centre
 Portland Street
 Kirkby in Ashfield
 NG17 7AE

mksreferralhub-admin@nottshc.nhs.uk

Or return it to the receptionist at your GP practice