Bath & North East Somerset Council

NHS

PHYSIOTHERAPY SELF-REFERRAL FORM

Date completed:

***Important Notice**: This self-referral option is not available to patients under 16 years of age*
*Please complete **both sides** of this form & return to **Physio Outpatient Admin, St Clements Rd, Keynsham, Bristol BS31 1AF***
Or email to: **vcl.bathnesphysio-outpts@nhs.net**
If you live in BA1 area hand in directly to the physiotherapy department or post direct to: Adult Therapies Department F1, Royal United Hospital Bath NHS FT, Combe Park, Bath, BA1 3NG or email to ruh-tr.therapiesoutpatientadmin@nhs.net ".

Patient Details			
Name:			
Address and Postcode:			
Date of Birth:			
Telephone:	Home:	Mobile:	Work:
Is an Interpreter required?	☐ Yes ☐ No	If "yes", what language?	language not specified
GP Name and Address:			
Have you consulted your GP about this problem?	☐ Yes ☐ No	If "yes", what was recommended?	

Your injury or problem			
Please give a description of your problem (such as area of pain / how it started) :			
***Please note:** If you have had any of the following please see your GP before referring yourself to physiotherapy*			
Fever or night sweats	☐	History of cancer	☐
Night pain	☐	Unexpected bladder or bowel problems	☐
Unsteady on feet	☐	Unexpected weight loss	☐
Hot or swollen joint(s)	☐		

How long have you had this problem?			
Less than two weeks	☐	More than two weeks	☐
More than a month	☐	More than a year	☐

Is the problem:					
New problem	☐	Flare up of old problem	☐	Ongoing long-term problem	☐
Is the problem:					
Getting better	☐	Getting worse	☐	Staying the same	☐

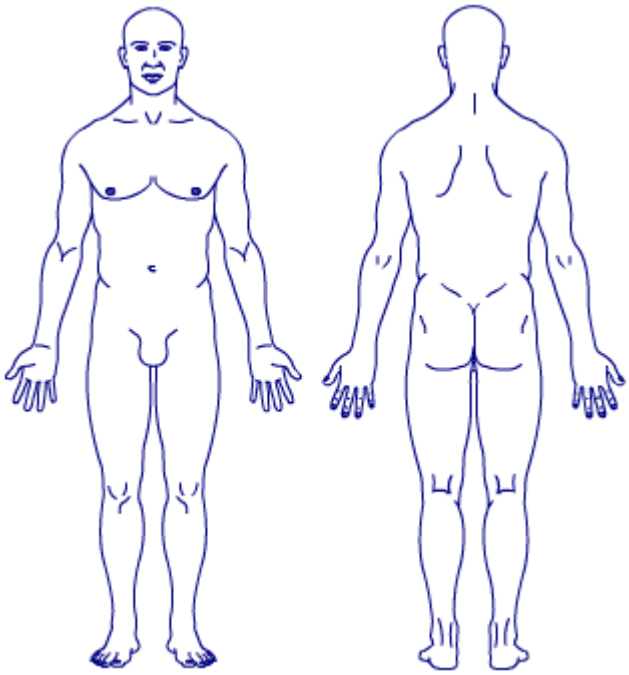
Have you had any investigations for this problem?					
Blood test	☐	MRI	☐	Ultrasound	☐
X-Ray	☐				

Have you had any previous treatment for this problem? ☐ Yes ☐ No	
If so, when was this treatment?	

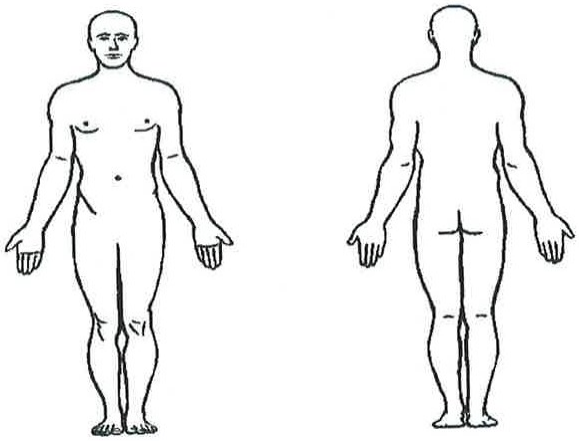
Medication & Medical history – please list any regular medication, medical conditions or previous surgery you

have had.

Body Chart – Can you mark on the body where you are getting the pain / problem, including any symptoms such as tingling:



Details:



Due to your current problem, are you unable to do any of the following (give as much detail as possible)			
Care of a dependent	☐	Participate in sports or activities	☐
Work	☐	Other	☐

Your Perception
What do you think is happening or happened to cause your problem?
What specific problem(s) or difficulties would you like the physiotherapist to help you with?
Early advice – if you feel your condition can be managed with some advice and not an appointment and you would like

a physiotherapist to call you and discuss the most appropriate way to manage your problem, please tick here: ☐

IF YOU HAVE ANY CONCERNS REGARDING YOUR SAFETY AT HOME PLEASE TICK THIS BOX AND WE WILL FIND A DISCREET WAY TO HELP YOU ☐

Referrer Details:

Name	Date of Referral
Base	
Address	Practice Code/ID
	Designation
Postcode	Telephone