

Self Referral to Physiotherapy

Please complete this form to refer yourself to physiotherapy and return it to your GP reception desk or to Physiotherapy reception at York Hospital, Wigginton Road, York.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Name: _____ | Date of Birth ____ / ____ / ____ |
| Address: _____ _____ _____ | GP Practice _____ _____ |
| Date of Referral ____ / ____ / ____ | |
| Preferred time of contact am/pm (delete) Preferred method of contact | |
| Phone no(Home) _____ | Mobile no _____ |
| (Work) _____ | Email _____ |
| Presenting complaint and brief description of symptoms ie back pain/knee pain: | |
| How long have you had this complaint? Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> | |
| Is the problem: New <input type="checkbox"/> Exacerbation of old <input type="checkbox"/> Ongoing <input type="checkbox"/> | |
| Have you had this problem before? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(please give details)</i> | |
| Has this problem previously been treated with physiotherapy? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are the symptoms worsening? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please give details)</i> | |
| Are you off work/unable to care for a dependant because of this problem? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> | |
| Are you currently waiting for a Hospital outpatient appointment or procedure Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please give details)</i> | |
| Please give details of any other treatment you have received for these symptoms: | |
| If you have back and leg pain, have you developed problems with your bladder or bowel? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Once this form is received a Senior Physiotherapist will review this and contact you as soon as possible via your preferred method of contact