

Physiotherapy Direct Self Referral Form

PLEASE COMPLETE THIS FORM AS FULLY AS YOU CAN TO ASSIST THE PHYSIOTHERAPIST IN PRIORITISING YOUR APPOINTMENT

Hospital Number [if known] D.O.B.		Address	
NHS number [if known]			
Name Ms Miss Mrs Mr		GP [Name and Address]	
Tel No Home		Work Mobile	
Current problem			
How long have you had this problem?			
Have you had any previous treatment for this problem?			
What are your expectations of physiotherapy? (E.g. What would you like to achieve that you are currently unable to do?)			
Have you seen your GP regarding this condition? (If yes please provide details of consultation)		Yes []	No []
Is this a recurrence?		Yes []	No []
If YES, please answer questions			
[a] Past Physiotherapy for this problem		Yes []	No [] If yes, please state date
[b] Did it help?		Yes []	No []
INTERVENTION		Results	
Have you had any X-Rays		Yes []	No [] If yes, please state date
Scans		Yes []	No [] If yes, please state date
Are you off work because of this condition		Yes []	No []
Your Signature		Date	
PLEASE COMPLETE THE MEDICAL QUESTIONNAIRE OVERLEAF			

Telephone: 0208 496 9000

Name

Ladies please indicate if there is a possibility that you are pregnant Yes [] No [] Maybe []

Do you have, or have you had in the past, any of the following? Please tick boxes.

- Osteoporosis [] Anti coagulants [] Gynaecological problems []
- Fainting fits [] Bone fractures [] High/Low blood pressure []
- Headaches [] Pace maker [] Deep vein thrombosis []
- Accident [] Diabetes [] Radiation therapy []
- Epilepsy [] H.R.T. [] Bladder problems []
- Cancer [] Allergies [] Heart Condition []

Do you have any other medical condition not listed above?

What medications are you taking at present, or have been taking?

Is your weight steady? Yes [] No []

When you attend for physiotherapy treatment/assessment you may be required to **undress to an appropriate level, therefore the following garments are recommended:**

- Lower Limb - Shorts
- Upper Limb - Suitable bra
- Back - Suitable bra, shorts

When booking your appointment please inform us if you have any special requirements e.g. your preference for a male/female physiotherapist or you need an interpreter.

PLEASE NOTE:

Parking is very restricted. We try and run appointments on time, if you are more than 10 minutes late you may not be seen. If you do not attend your appointment or you cancel at short notice you may be discharged from our service. In the event that you are unable to attend your appointment please give at least 24 hours notice.

Your Signature Date

What to do next: Either post / fax / hand deliver this form to one of the addresses below

**Physiotherapy Outpatient Clinic
 29 Romford Road
 Stratford London E15 4LY
 Fax: 0208 496 9023**