

Self-Referral to Musculoskeletal Physiotherapy

Self-referral is available for adults over 16 who are suffering from low back pain, neck pain, who have recent injuries such as strains and sprains or joint and muscle pain. **If you are under the care of a consultant or have other conditions you should consult your GP.**

First Name:*	Today's Date:*	How long have you had this problem? (Please tick)* 0 - 4 Weeks <input type="checkbox"/> 5 - 12 Weeks <input type="checkbox"/> 3 - 11 Months <input type="checkbox"/> >1 Year <input type="checkbox"/>
Last Name:*	Date of Birth:*	
Health and Care Number: (if known):	Your GP's Name:*	Have you been to see your GP and/or your Consultant about this problem?*
Your Address:*	Your GP Surgery:*	
Postcode:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Your E-mail:		Has your doctor suggested you self-refer to Physiotherapy? *
Telephone Numbers Please ensure you enter a number where you can be contacted for more information if required. Please tick preferred telephone number and most suitable time to be contacted (Monday - Friday).		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Home:*	Have been to see a Physiotherapist about this problem?*
Work:*		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile:*		Is the problem?*
Can we leave a message at this number? Yes <input type="checkbox"/> No <input type="checkbox"/>		New <input type="checkbox"/>
Do you require an interpreter?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Return of an old problem <input type="checkbox"/>
If yes, which language? _____		Are your symptoms getting worse?*
Do you require adjustment for reasons related to a disability?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details: _____		Are you able to carry out your normal activities?*
_____		Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		Are you off work because of this problem?*
		Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
		If Yes, how long?
		1-3 days <input type="checkbox"/> Up to 7 days <input type="checkbox"/>
		8 days or more <input type="checkbox"/>
		Are you unable to care for a dependant because of this problem?*
		Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>

Where is your main problem? (Please tick)*

Back Neck Shoulder Arm Elbow Wrist
Hand Chest Hip Knee Leg Foot

Do you know what caused your problem?*

Yes No If yes please give details: _____

Have you had any unexpected recent weight loss?*

Yes No If yes please give details: _____

Since the onset of your problem do you have any of the following symptoms?

(Please tick all that apply)*

Any difficulties passing or controlling urine? Yes No

Muscle weakness? Yes No

Numbness / Tingling / 'Pins and Needles'? Yes No

Please give details: _____

Please tick where you wish to attend for assessment:*

Ards Community Hospital Bangor Community Hospital Downe Hospital

Lagan Valley Hospital Lisburn Health Centre Stewartstown Road Clinic Saintfield

I agree that the information that I have provided in this form is accurate.*

Signature: _____

Please ensure all fields marked with * are completed or we will be unable to process the referral. On completion please return to:

Central Booking Office, 1st Floor, Main Building, Downshire Hospital, Ardglass Road, Downpatrick, Co. Down, BT30 6RL

How can I self-refer?

There are 3 ways you can self refer:

1. **Online Form** – A form can be completed online and submitted at the following website:
www.setrust.hscni.net/services/physioform.htm



2. **Downloadable form** – A paper copy of the form can be printed off and completed and posted to the Central Booking Office or email:

ahp.centralbookingoffice@setrust.hscni.net



3. **Paper form** – A copy of the form can be picked up at GP's and Physiotherapy Departments, South Eastern HSC Trust and can be completed and sent to the Central Booking Office.



For further information on this service contact:

The South Eastern HSC Trust
Website - Physiotherapy

<http://www.setrust.hscni.net>





What happens once I send in my referral form?

Your form will be reviewed by a senior physiotherapist.

If your condition is assessed as urgent, you will be contacted by telephone to agree an appointment.

If your condition is assessed as less urgent you will be contacted by letter inviting you to telephone to make an appointment at a date and time that suits you.

What should I wear?

Please wear comfortable shoes or trainers and bring appropriate clothing such as shorts or a vest-top or T-Shirt so that your condition can be properly assessed by your physiotherapist.

Failure to attend

If you do not attend the appointment you have agreed and fail to contact us within 24 hours you will be discharged from the service.

What is self-referral?

Self-referral is a direct route to physiotherapy for those who live within the South Eastern HSC Trust. It allows you to refer yourself to physiotherapy for assessment and treatment when you require it.

Can I self-refer?

If you are over 16 and are suffering from low back pain, neck pain, recent injuries such as strains and sprains or joint or muscular pain, self-referral physiotherapy is for you.

You should consult your GP if you are under 16, under the care of a consultant or if you require physiotherapy for a neurological, respiratory, obstetric or gynaecological condition.

How will I benefit?

You can benefit from self-referral in the following ways

- It is a direct route to advice and intervention when you most need it
- It gives you the opportunity to consult with a specialist musculoskeletal physiotherapist to help you manage your condition.

If you are unsure of the process please consult your GP.

The outcome of all physiotherapy assessments and treatments will be forwarded to your GP.