Whittington Health NHS

Short date letter merged

Patient Self-Referral to Musculoskeletal Physiotherapy

This form should only be used for patients (over the age of 18) wishing to have physiotherapy for musculoskeletal problems (back/neck pain, joint pain, soft tissue injuries).

Tel: 020 3316 1111

Email: Patient E-mail Address ***I confirm that I am happy to receive information by email ☐ Yes ☐ No**	**Mobile No: Patient Mobile Telephone** ***I confirm that I am happy to receive information by text ☐ Yes ☐ No**

****Email address and mobile number supplied will not be used for any other purposes or shared with any other parties***

Please complete ALL sections of the form, incomplete forms will be returned which will cause a delay in the management of your problem. NO appointments can be booked until a FULLY COMPLETED form has been received. Once completed this form can be:

Emailed: arti.centralbooking@nhs.net
Posted: *Central Booking Service, Level 4, Highgate Wing, Dartmouth Park Hill, London N19 5JG*
Handed In To: *The Physiotherapy Reception at St Ann's Hospital, St Ann's Road, London, N15 3TH*
Bounds Green Health Centre, 1a Gordon Road, London, N11 2PF
Lordship Lane Health Centre, 239 Lordship Lane, London, N17 6AA
Hornsey Central Neighbourhood Health Centre, 151 Park Road, London, N8 8JD
Whittington Hospital, Highgate Hill, London, N19 5NF
Holloway Community Health Centre, 11 Hornsey Street, London N7 8GG
Finsbury Health Centre,17 Pine Street, London EC1R 0LP

Surname: Surname	**First name: Given Name**	**Male ☐**	**Female ☐**	**Date of Birth: Date of Birth**
Address: Home Full Address (stacked)				
Daytime Tel No: Patient Mobile Telephone		**NHS No: NHS Number** **Hospital No: Hospital Number**		
Is an interpreter required? Yes ☐ No ☐		**If Yes, what language: Main Language**		
Optional for data monitoring purposes only. **How would you describe your ethnic origin? Ethnic Origin**		**Next of kin:** **Patient Contacts**		

GP'S DETAILS	
Name: Usual GP Full Name	**Have you consulted your GP about this problem?** **Yes ☐ No ☐**
Practice: Usual GP Full Address (stacked)	**If Yes, what did they recommend:**
Tel No: Usual GP Phone Number	

Give a brief description of your problem including how it started. *(please only refer for one condition)*

Area of pain / How it started / Any pins & needles or numbness – if so, where?

Consultations

How long have you had this problem?

Less than 2 weeks ☐	**2 – 6 weeks ☐**	**More than 6 weeks ☐**	**More than 1 year ☐**

Is your problem:

Getting better ☐	**Getting worse ☐**	**Staying the same ☐**

Have you had any investigations for this problem? (E.g. Scans, X-rays, Blood tests)

Yes ☐	No ☐
If Yes, please give details:	

Name: Full Name	**Date of Birth: Date of Birth**

General Health - Please tick if you have any of the following:

Lung problems	☐	**SINCE THE ONSET OF THIS PROBLEM Do any of the following apply to you? If you have the symptoms please tick**	
Heart Problems	☐		
Epilepsy	☐		
Osteoarthritis	☐	***Unexplained* Weight Loss**	☐
Rheumatoid Arthritis	☐	**History of Cancer**	☐
Osteoporosis	☐	**Fever or Night Sweats**	☐
Diabetes	☐	***Unexplained* Bladder or Bowel problems**	☐
Surgery / Operations	☐	**Unremitting Night Pain**	☐
Poor General Health	☐	**Unsteady on feet**	☐
Previous Fractures	☐	If you have ticked any of these symptoms, and you **HAVE NOT** seen a doctor for this symptom, it is essential you arrange an **URGENT** appointment with your **GP** or attend your local **A&E Department** **DO NOT SEND IN THIS FORM UNTIL YOU HAVE SOUGHT FURTHER ADVICE**	
Current or Past Pregnancy	☐		
Any Major Illness	☐		

If Yes to any, please give details:

Please list any Medicine you are taking:

See medication list attached below:

Employment status:

Employed ☐	**Unemployed** ☐	**Retired** ☐	**Student** ☐	**Carer** ☐

Please give details:

Any activities you do (E.g. Sports, Gym, Hobbies). Please give details:

Due to your current problem you are unable to:

Work ☐	**Participate in activity/sport** ☐	**Care for dependent** ☐	**Other** ☐

Please give details:

Your perception:

What are your expectations from Physiotherapy?

Additional Information:

Medication: Medication

Allergies: Allergies

Problems: Problems