

Do you have any other medical condition or information that you think may be relevant, e.g. cancer, previous fractures, diabetes, osteoporosis?

Sometimes we miss what is most important to you. What is concerning you most? \*

Have you lost weight in the past 6 months for reasons you cannot explain? \* Yes ☐ No ☐

If **Yes** how much? .....

Have you developed numbness/tingling/pins & needles since the start of your problem? Yes ☐ No ☐

If **Yes** where? .....

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

A **new** episode or a **sudden** change to your ability to control or to pass urine? Yes ☐ No ☐

A **new** loss of sensation to your inner thighs, genitals or back passage area? Yes ☐ No ☐

A **new** difficulty with bowel function resulting in a loss of bowel control (soiling yourself) Yes ☐ No ☐

If you answered **YES** to any of the questions above and you **HAVE NOT** seen a doctor for this symptom, it is **essential** that you arrange for **URGENT advice from your GP** or attend your local **Emergency Department**.

**DO NOT SEND IN THIS FORM UNTIL YOU HAVE SOUGHT FURTHER ADVICE.**

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.

While you are waiting if you are concerned that your condition is worsening please seek medical advice.

**On completion please return to:**

AHP Central Booking Office, Magowan West, 11 West Street, Portadown, BT62 3PG

**Or email it to:** AHP.CBU@southerntrust.hscni.net

We have produced a Physiotherapy video and provided additional information online that may help you to better manage your condition. Please visit the Trust's website at: [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net), click on **Our Services**, click on **Allied Health Professionals**, click on **Physiotherapy Musculoskeletal Outpatient Service**.

# Self-Referral to Physiotherapy

**You can now refer yourself directly to the  
Musculoskeletal Physiotherapy Department  
without a visit to your GP!**

## HOW TO SELF-REFER

### \* Paper form

There is a self-referral form attached to this leaflet. Please send completed forms via post or e-mail.

### \* PDF form

Printable versions of the self-referral form can be downloaded at:  
[www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)

### \* Online form

A form can be completed online and submitted via the following link:  
[www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)



## WHO CAN SELF-REFER?

If you are registered with a GP in the Southern Trust, over 16 and have a back or neck problem, a joint / muscular pain or have a recent injury such as a sprain, then self-referral is for you.

## WHY SELF-REFER?

The self-referral route provides an easier route of access to physiotherapy. You will have a consultation with a Specialist Physiotherapist who will provide appropriate and timely advice. They will give you support to manage your condition and get you back to doing what matters to you.

## WHAT HAPPENS NEXT?

On receipt of your referral from the Central Booking Office your form will be reviewed by a Senior Physiotherapist and triaged within 3 working days.

You may be contacted by telephone for further information if necessary or you will be contacted by letter inviting you to telephone to make an appointment.

## HOW TO HELP YOURSELF IN THE MEANTIME?

You may need to modify your activities initially, but the sooner you get back to normal activity the sooner you will feel better.

Getting stiff joints and muscles working can be painful, but this is a normal response. Feeling a bit sore initially is also normal and often a good sign that you are making progress.

Changing your position or activity frequently throughout the day will help to prevent and reduce stiffness. Try to build up your general activity gradually.

## WHAT SHOULD I WEAR?

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

**To get the best outcome from physiotherapy we encourage you to attend your appointments. If you fail to attend any appointment this may lead to discharge. We will discuss our attendance policy at your initial appointment.**

## SELF-REFERRAL TO MUSCULOSKELETAL PHYSIOTHERAPY

Self-referral is available for **adults over 16** who need support and advice to manage symptoms related to muscle strains / joint sprains / back and neck pain. This referral option is **not** available if you are under the care of a consultant for this problem, or if you have neurological / respiratory / continence conditions. If you have pregnancy-related pain please ask your GP / Midwife to direct you to the appropriate service.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| First Name: *  |  | Last Name: *   |  | Where is your main problem? *   |  |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>   |  |  |  | Please tick one box   |  |
| Date of Birth: *   |  | Health and Care (H&C) Number:                            |  | Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/>     |  |
| Male <input type="checkbox"/> Female <input type="checkbox"/>  |  |  |  | Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/>        |  |
|  |  | (if known)   |  | Hand <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/>         |  |
| Address: *   |  |  |  | Knee <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/>          |  |
| Postcode:  |  |  |  | How long have you had this problem? *   |  |
|  |  |  |  | 0-6 weeks <input type="checkbox"/> 7-12 weeks <input type="checkbox"/>                            |  |
|  |  |  |  | >13 weeks <input type="checkbox"/> >1 year <input type="checkbox"/>                               |  |
|  |  |  |  | Have you seen your GP or anyone else in your GP practice about this problem?                      |  |
|  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Contact details *  |  |  |  | Is the problem? *   |  |
| Please enter <b>telephone numbers</b> that you are happy to be contacted at if more information is required. Please tick box/es if you are happy for us to leave a message at that number. If we ring you, it may display <b>unknown number</b> on your phone please be aware of this. |  |  |  | New <input type="checkbox"/>  |  |
| Home: .....  |  | <input type="checkbox"/>                                 |  | Return of an old problem <input type="checkbox"/>   |  |
| Work: .....  |  | <input type="checkbox"/>                                 |  | Are your symptoms getting worse?  |  |
| Mobile: .....  |  | <input type="checkbox"/>                                 |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Email address: .....   |  | <input type="checkbox"/>                                 |  | If <b>Yes</b> in what way?  |  |
|  |  |  |  | .....   |  |
|  |  |  |  | .....   |  |
| Your GP's name and practice address: *   |  |  |  | Are you able to carry out your normal activities, work, care for a dependant, sport at present? * |  |
|  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Did your GP suggest self-referral to Physiotherapy? *  |  |  |  | If <b>No</b> what are you having difficulty with?   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |  |  | .....   |  |
|  |  |  |  | .....   |  |
| Do you require an interpreter? *   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Do you know what caused your problem? *   |  |
| If yes, which language? .....  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Do you require adjustment for reasons related to a disability? *   |  |  |  | If <b>Yes</b> please give details:  |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>Yes</b> , please give details:  |  |  |  | .....   |  |
| .....  |  |  |  | .....   |  |