Southern Health and Social Care Trust

Quality Care - for you, with you

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?

No ☐ 1 arm ☐ 2 arms ☐ 1 leg ☐ 2 legs ☐

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 attend your local **Emergency Department**.

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

Please watch this video to understand why immediate attendance at your local ED is essential.

https://www.macpweb.org/resources/126/when-you-should-seek-urgent-help-for-your-back-pain

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 Unit, Finance Building, Lurgan Hospital, 100 Sloan Street, Lurgan BT66 3NX

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

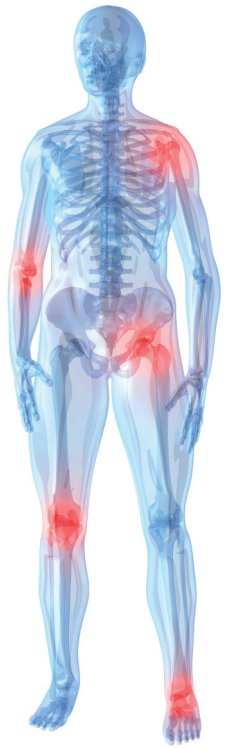
We have produced a Physiotherapy video and provided additional information online that may help you to better manage your condition. Please visit the Trust's website at: **www.southerntrust.hscni.net**, click on **Our Services**, click on **Allied Health Professionals**, click on **Physiotherapy Musculoskeletal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

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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. Printable versions of the self-referral form can be downloaded at **www.southerntrust.hscni.net**

* My Care

Self referral is available via the MyCare App. For further information on this visit **https://dhcni.hscni.net/digital-portfolio/encompass/my-care/**

* Online form

A form can be completed online and submitted via the following link: **www.southerntrust.hscni.net**

ahp allied health professions *Better living matters*

Public Health Agency

Project supported by the PHA

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.

Today's Date: *

HSC Southern Health and Social Care Trust

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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 require a home-based appointment or if you are seeking treatment for a neurological/respiratory/continence condition. If you have a pregnancy-related pain please ask your GP/Midwife to direct you to the appropriate service. If you have had recent Orthopaedic Surgery please seek referral to physiotherapy via your GP.** If you are referring for **headaches** or **falls**, you must have had a consultation with your GP prior to referring.

First Name: *

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Last Name: *

Date of Birth: *

Male ☐ Female ☐

Health and Care (H&C) Number:

.....

(if known)

Address: *

Postcode:

If the referral form has been completed by somebody else on the patients behalf, tick yes ☐ to confirm the patient has consented to this referral being made.

Contact details *

Please enter **telephone numbers** 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 **unknown number** on your phone please be aware of this.

Home: ..... ☐

Work: ..... ☐

Mobile: ..... ☐

Email address: ..... ☐

Your GP's name and practice address: *

Who recommended self-referral? *

GP ☐ Physiotherapist in GP practice ☐ ICATS ☐ Self ☐

Do you require an interpreter? * Yes ☐ No ☐

If yes, which language? .....

Do you require adjustment for reasons related to a disability? *

Yes ☐ No ☐ If ***Yes***, please give details:

.....

Where is your main problem? *

Please tick one box

Neck ☐ Elbow ☐ Shoulder ☐

Hand ☐ Wrist ☐ Lower Back ☐

Hip ☐ Knee ☐ Chest/Mid Back ☐

Foot ☐ Ankle ☐ Widespread ☐

How long have you had this problem? *

0-6 weeks ☐ 7-12 weeks ☐

3-11 months ☐ >1 year ☐

Have you seen your GP or anyone else in your GP practice about this problem?

Yes ☐ No ☐

Is the problem? *

New ☐

Return of an old problem ☐

Are your symptoms getting worse?

Yes ☐ No ☐

If ***Yes*** in what way?

.....

.....

Are you able to carry out your normal activities, work, care for a dependant, sport at present? *

Yes ☐ No ☐

If ***No*** what are you having difficulty with?

.....

.....

Do you know what caused your problem? *

Yes ☐ No ☐

If ***Yes*** please give details:

.....

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