



Southampton Primary Care Ltd.

PHYSIOTHERAPY SELF REFERRAL FORM

Please complete in Block Capitals

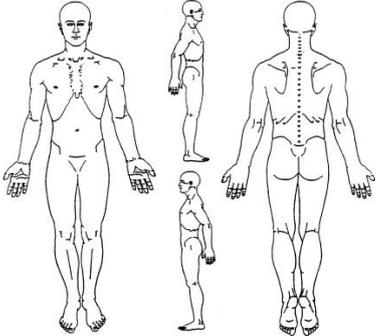
This form should only be used for patients wishing to have physiotherapy for musculoskeletal problems (back/neck pain, joint pain, soft tissue injuries). If you are under the age of 16, or wish to have treatment for a lung or respiratory conditions, a neurological problem such as Multiple Sclerosis, Parkinsons, Stroke, or an obstetric/gynaecological problem, you would have to be referred by your GP in the normal way and to the appropriate Physiotherapy service.

Full name:	D.O.B:
Occupation:	

Address:	Post code:
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GP Name: Practice: Ladies Walk Practice, 90 Thornhill Park Road, Southampton, SO18 5TS	Telephone Numbers. Home: Work: Mobile:	Can we leave a message (please circle)? YES NO YES NO YES NO
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Do you have any special requirements? (e.g. interpreter) YES / NO
If yes, please supply further information:

<p>Please complete for your main problem only</p> 	<p>Please mark on the diagram the location of your main problem. Where is your pain? Is your pain / problem due to a recent fall or injury? YES NO Please describe your current problem and symptoms below:</p>
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How long have you had this problem? DaysWeeksMonthsYears

How did it start? (Just came on, injury, fall, long term problem etc)

Is your pain: Mild Moderate Severe

Is your problem getting worse? Worse Better Same

Is there any previous history relating to the pain, or is it recurring? YES NO (if yes please give details)

If so, have you had any X-rays or other tests/treatment for this problem? YES NO (If yes please give details)

Is your pain causing you to be absent from work? YES NO

What are your expectations from Physiotherapy?

Signature:

Date:

**Patients: Please call 02380 170 611 to arrange an appointment.
Please bring this referral form with you to your appointment.**