

Physiotherapy Self-Referral

Refer yourself directly to physiotherapy

The MSK Service is suitable for low back pain, neck pain, recent strains and sprains, joint and muscle pain.

Don't use this form if:

1. You are a patient under 16
2. You are a Clinician
3. You are being cared for by the Pain Service. If you are, contact the service directly if you have a number or go back to your GP

If you experience any of the below please see your GP before self-referring

1. Have recently become unsteady on your feet
2. Are feeling generally unwell or have a fever
3. Have any unexplained weight loss
4. Have a history of cancer

Urgently Consult your GP or NHS 24 (by calling 111) if you have recently/ suddenly developed – DO NOT self-refer with these symptoms:

1. Difficulty passing urine or controlling bladder/bowels
2. Numbness or tingling around your back passage or genitals
3. Numbness, pins and needles or weakness in both legs

Before you complete this form please try the advice on the website:

<https://www.mansfieldandashfieldccg.nhs.uk/our-services/msk-musculoskeletal>

Name:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		Postcode:	
Telephone (home):	Telephone (mobile):		
Do you consent to: receiving text messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email address:			
Do you consent to sharing your electronic health record with the MSK service? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to receiving emails from us?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
GP Name:	GP Surgery:		
Signature:	Date:		

How do your current problems affect you (on average) over the course of a week?

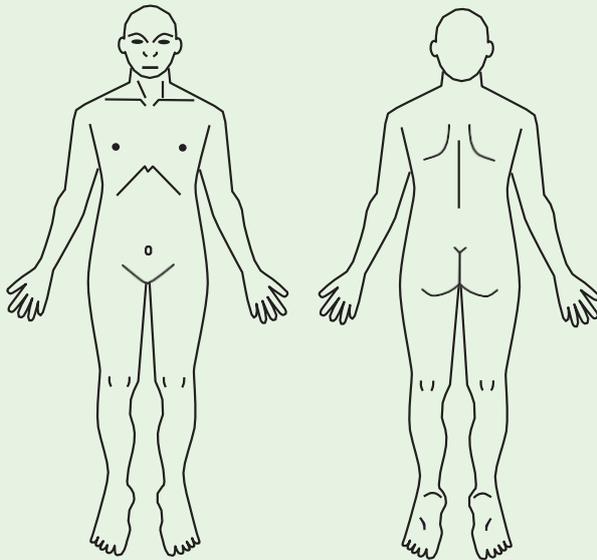
Are your day to day activities affected by your symptoms?	Not at all <input type="checkbox"/>	Mildly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>
Are your symptoms disturbing your sleep?	No <input type="checkbox"/>	Yes, difficulty getting to sleep <input type="checkbox"/>	Yes, woken up from sleep <input type="checkbox"/>	Yes, unable to sleep at all <input type="checkbox"/>
If you are in pain, how would you describe it?	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
How long have you had your current problem?	Less than 2 weeks <input type="checkbox"/>	2-6 weeks <input type="checkbox"/>	7-12 weeks <input type="checkbox"/>	If more than 12, how many weeks? <input type="checkbox"/>
Have you had physiotherapy for this before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how long ago? _____	Did it help? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your problem start:	Gradually <input type="checkbox"/>	Suddenly <input type="checkbox"/>	As a result of injury? <input type="checkbox"/>	
Are you symptoms:	Improving <input type="checkbox"/>	Worsening <input type="checkbox"/>	Staying the same <input type="checkbox"/>	

Is your current problem stopping you from doing any of the following:

Work:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Playing sport:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Driving:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Caring for a dependent:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a wheelchair user or do you have any other mobility issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If you have answered yes to anything on the list, please give details below:

Please mark on the body diagram (with an X) where your main problem is and where you are having symptoms



Please describe your current problem and symptoms below:

Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.

- Ashfield Health and Wellbeing Centre
- Newark Hospital
- Collingham Medical Centre
- Crown (Clipstone) Medical Centre
- Southwell Medical Centre
- Mansfield Community Hospital
- King's Mill Hospital Mansfield

Please post, email or deliver in person to:

MSK Physiotherapy Department
Ashfield Health & Wellbeing Centre
Portland Street
Kirkby in Ashfield. NG17 7AE

mskreferralhub-admin@nottshc.nhs.uk

Or return it to the receptionist at your GP practice