

Physiotherapy Service Self Referral Form



Please complete both sides of this form and bring it with you to: **PARC Unit at County Hospital, Coed-Y-Gric Rd, Griffithstown, Pontypool, NP4 5YA.**

Sessions run Monday to Friday 09:00 – 11:30am

This form should only be used for patients seeking physiotherapy for musculoskeletal problems (back/neck pain, joint pain, soft tissue injuries)	
If you are under the age of 16, or if you have a respiratory, neurological or an obstetric/gynaecological problem, please see your Health Practitioner	
Please ensure you: •Use a BLACK PEN •Use BLOCK CAPITALS •Complete ALL sections of the form	GP name: Practice:
Full Name:	Date of birth: / /
Address: Postcode:	Your contact telephone numbers: Home: _____ Work: _____ Mobile: _____

Please give a brief description of your problem:

How long have you had the problem? ____ Days ____ Weeks ____ Months ____ Years

How did it start?

Are you in pain all the time or does it come and go?

When is it generally worse? Morning Afternoon Evening Night No Pattern
(Please tick ✓)

What makes the pain worse?	What makes the pain better?
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Do you have any other medical problems or health conditions?

Physiotherapist Use Only:
CRN:
ICD10 Code:
Urgent / Routine 60 / 30 / DC
Band:
Appointment:

Please Turn Over

Please list all the medications you are taking:

Have you had treatment/physiotherapy for this problem before? **Yes / No (If Yes, please give details below)**

Have you had any X-rays or other tests for this problem? **Yes / No (If Yes, please give details)**

What does this problem stop you from doing?

Are you off work or unable to care for family because of this problem? **Yes / No (if Yes, please give details)**

What would be a good result from Physiotherapy for you?

SINCE THE ONSET OF THIS PROBLEM, do any of the following apply to you?	Yes	No
Severe Pain at Night (Wakes you up)		
Does coughing or sneezing change your symptoms		
Problems walking		
"Pins and needles" or numbness anywhere		
Problems speaking or swallowing		
Dizziness		
Double vision		
Tinnitus (Ringing in ears)		
Nausea		
Facial Pain		
Headache		
Faint		
If you have ticked YES to any of these symptoms, and you HAVE NOT seen a doctor for this symptom, please call your GP OR NHS Direct on (0845 4647)		

Only answer this section if this visit is related to back or back **and** leg pain:

Since the onset of this problem have you developed any;	Yes	No
Bladder problems – difficulty passing urine or feeling you cannot empty your bladder		
Bowel problems – incontinence (soiling yourself)		
Numbness around anus (back passage) or genitals		
Unexplained weight loss		
If you have ticked Yes to 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 call NHS Direct on (0845 46 47) or attend your local A&E Department before attending physiotherapy		

Signature: _____ Date: _____