

### What conditions can be treated?

The Physiotherapy Service helps patients regain their movement, strength and independence after an injury or operation. We also help people with long term conditions.

Physiotherapy can help with a range of muscle and joint problems including **back pain, neck pain, recent injuries such as strains and sprains, and joint or muscle pain.**

### How Do I Self Refer?

Just follow these three steps:

1

Complete the self-referral form on the other side of this page, filling it out accurately and with as much information as possible to give us a clear understanding of your condition.

2

Post, or hand in, the form to your Physiotherapy Department. You can also hand the form back to your GP surgery to post to us. When the Physiotherapy Department receives it, we will prioritise your treatment either as soon or routine.

3

When your name comes to the top of the waiting list, the Physiotherapy Department will contact you to arrange an appointment time that suits you. You do have a choice of where you can be seen. It may be possible to see you sooner if you are able and willing to travel. Please not that once you have started your treatment at one physiotherapy department, your treatment will continue to be based there.

Developed by Musculoskeletal (MSK) Pathways Group and reviewed by doctors, allied health professionals & patients.

Developed: 07/2012 Review: 07/2014 LN1296(b)

## Self Referral to Physiotherapy

We have introduced a new way for you to get a physiotherapy appointment. Now, you do not need to see your doctor before being seen by the team at the Physiotherapy Departments in Tayside.

Please complete the referral form overleaf and either hand it in or post it to your nearest Physiotherapy Department  
or  
hand it back to your GP surgery and ask them to post it for you.

Are you self employed or do you work for a small Tayside business employing less than 250 people? The Scottish Government has funded Working Health Services to allow you to access a range of specialist health services, including Physiotherapy.

For more information on this service telephone:  
01382 825100

For Physiotherapy use only:

Received: .....Triaged by: ..... Date: .....

Priority: Soon / Routine

To be assessed by: Dept: ..... App: ..... GPwS1: .....

**Physiotherapy Self Referral Form**

This form allows any adult (over 16 years) to refer yourself directly for physiotherapy without first having to see your GP. **Please fill in all parts of the form.**

The information you provide is very important and allows us to allocate you an appropriate appointment. If your details are incomplete this may delay your Physiotherapy appointment.

Name: ..... DOB / CHI: .....

Address: .....

..... Post code: .....

Please fill in all contact telephone numbers (and circle the best one to use)

Work: ..... Home: ..... Mobile: .....

Next of Kin name and phone number: .....

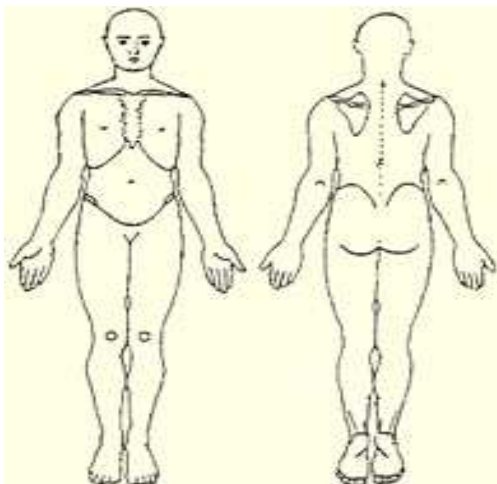
GP name and surgery: .....

Please list your current medication including over-the counter medication

.....

.....

.....



Please shade in where you have your symptoms. Please write further information here such as other symptoms like numbness, tingling or pins and needles.

**Please answer the following questions by circling round your answer**

How long have you had this problem? .....

Is the problem:    New                      Ongoing                      Flare Up of Old

Have you had treatment for this problem before?                      Yes    No

If yes, by whom?    Physio                      Pain Service                      Other (state) .....

Is your problem due to a **recent** broken bone (fracture)?                      Yes    No

If yes, please give **details** and **date** of break: .....

Is your problem due to a **recent** operation?                      Yes    No

If yes, please give **details** and **date** of operation: .....

Are you pregnant?    Yes (please give due date) ; .....    No

Are your symptoms getting **significantly** worse?                      Yes    No

Are you able to carry out your normal activities?                      Yes    No

Are you off work with this problem?                      N/A    Yes    No

Are you unable to care for a dependant because of this problem?                      N/A    Yes    No

Are you having difficulty sleeping?                      Yes    No

Have you suddenly lost weight without trying?                      Yes    No

If yes, please give details (how much & timescale): .....

Have you ever had cancer?                      Yes    No

If yes, please give **details**: .....

Please sign your consent to Physiotherapy and treatment:

Signature: ..... Date .....

**If you do not want to use this form your GP can write to us instead**