

The self referral form is currently open to patients who are registered with a Vale of York CCG GP practice.

Self referral is open to anyone over the age of 17 with a musculoskeletal pain problem.

Self referral is not available for other types of physiotherapy (e.g. women's health, neurology, respiratory, community/ mobility problems). If you think you need a referral to one of these services please speak to your GP.

## Name

## DOB

## Address

## Contact Details

Telephone	<input type="text"/>
email	<input type="text"/>

## More information

GP name and Practice

NHS Number (if known)

Hospital Number (if known)

Your Height

Your weight

**I am a**

Non-smoker

Ex-smoker

smoker

Number of cigarettes per day?

**If you are currently employed are your symptoms affecting your ability to work?**

Yes

No

Not Applicable

**If you are currently the main carer for someone else are the symptoms affecting your ability to provide care?**

Yes

No

not applicable

**Are you a military veteran or on current active service?**

Yes

No

Where is your main site of pain?

Please give a brief description of your problem- where is the pain? are there other symptoms? How did it start?

**How long have you had the problem?**

- less than 12 weeks
- More than 12 weeks
- This is a recurring problem

Have you had any treatment for the problem e.g medication, injection, physiotherapy, massage, chiropractic etc ?

Have you had any Investigations for the problem? e.g. blood tests, xray, ultrasound scan, mri scan ?

**Your general health. Do you have any of the following pre existing medical problems**

- Heart problems
- Breathing problems
- thyroid

- rheumatoid arthritis
- osteoarthritis
- known osteoporosis
- A long term neurological condition i.e previous stroke, parkinsons, MS
- Circulatory problems
- PMH of cancer (remember you should see your GP to discuss a referral to Physiotherapy and not proceed with self referral)

Past medical history details

Do you have any special requirements which we need to know about prior to your appointment? e.g. you require an interpreter, you require sign language support, you have mobility issues etc.

What are your expectations for physiotherapy?

### Contact us

**Telephone: 01904 725390 or 01904 725389 for general enquiries**

Please return this form to:

The Physiotherapy Department,  
Archways,  
Belgrave Street,  
York, YO31 8YZ