NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Musculoskeletal Physiotherapy Self-Referral Form

Printable version. Use this form if you are unable or prefer not to use the online self-referral form. If you need help completing this form, please contact us on 01904 725390.

Return this form: MSK Physiotherapy Department, Archways, Belgrave Street, York YO31 8YZ

General enquiries: 01904 725390

Personal details

Full name

Date of birth

Address

Telephone

Email

GP practice

NHS number (if known)

Your problem

Please describe your problem, where it is, how it started and any other symptoms.

Important

If you are referring with back and/or leg pain and have developed any of the following:

- Changes in how you pass urine or open your bowels (or Difficulty controlling your bladder or bowels, or changes in how they work of feel to you)
- Numbness, tingling, or altered feeling around your genitals, private parts, bottom, or between your legs
- New problems with sexual function or sensation
- Sudden weakness or loss of strength in one or both legs

Please contact your 111 urgently before submitting this form.

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How long have you had this problem?

☐ Less than 12 weeks

☐ More than 12 weeks

☐ Recurring problem

Have you had any previous treatment for this problem?

_____

_____

_____

Do you have any other medical conditions? For example, a history of cancer, diabetes, heart or lung problems, osteoporosis or neurological conditions.

_____

_____

_____

Additional information

Do you have any information or communication needs which we need to know about prior to your appointment?

For example, you may need an interpreter, British Sign Language (BSL) support, information in large print or another format, extra time, a quiet room, or support because of hearing, sight, communication or mobility needs. Please tell us about any adjustments that would help you access our service.

_____

_____

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_____

What are you hoping physiotherapy will help you achieve?

_____

_____

_____

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Are you a military veteran or currently serving in the armed forces?

☐ Yes ☐ No

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Visit our accessibility hub: www.Yorkhospitals.nhs.uk/access