Self-Referral to Physiotherapy



Physiotherapists have skill in the assessment and treatment of injuries and conditions that affect muscles, joints and soft tissues such as low back pain, shoulder pain, neck pain, recent injuries or joint and muscular pain.

If you are suffering with a similar condition, and would like to see a physiotherapist for an assessment please complete the attached referral form.

- You must be registered with a Dorset GP
- You must be 16 or over
- This service is NOT available for <u>neurological</u>, <u>gynaecological</u> or <u>respiratory</u> condition. Your GP or nurse practitioner will refer you with a letter in their usual way.
- For treatment after a recent <u>operation or fracture</u>: Please ask your consultant to refer to us which will include all required information

If you have any concerns you can always be referred to physiotherapy in the usual way with a letter from your GP, Consultant or Nurse.

Please complete the details on the following page and send to your local Dorset HealthCare Physiotherapy Department:

Physiotherapy Department <u>Blandford Hospital</u> Milldown Road, Blandford	email: <u>dhc.blandford.physio@nhs.net</u>
Physiotherapy Department <u>Bridport Hospital</u> Hospital Lane, Bridport	email: <u>dhc.bridport.physio@nhs.net</u>
Physiotherapy Department <u>Portland Hospital</u> Castle Road, Portland	email: <u>dhc.portland.physio@nhs.net</u>
Physiotherapy Department <u>St Leonards Hospital</u> 241 Ringwood Road, St Leonard	email: <u>dhc.physio.stleonards@nhs.net</u> s
Physiotherapy Department <u>Swanage Hospital</u> Queens Road, Swanage	email: <u>dhc.swanage.physio@nhs.net</u>
Physiotherapy Department <u>Victoria Hospital Wimborne</u> Victoria Road, Wimborne	email: <u>dhc.wimborne.physio@nhs.net</u>
Physiotherapy Department <u>Yeatman Hospital, Sherborne</u> Hospital Lane, Sherborne	email: <u>dhc.yeatman.physiooutpatients@nhs.net</u>

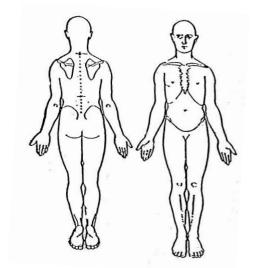
Please note we cannot currently accept this referral if you are registered with a Bournemouth, Dorchester or Borough of Poole GP practice.

Please Complete in **BLACK INK**

Full Name	Today's date	Have you seen your GP about this problem? Yes No When?
	Date of birth	How long have you had this problem?
Address	(NB this service is not for under 16s)	
	Your GP's name	
	Tour Gr S hame	
		What treatment have you had for this
	Your GP's surgery	problem before? E.g. exercise, osteopathy
	Your NHS Number (if known)	
Your Phone numbers - Can we leave a message	e at these numbers?	Are your symptoms worsening?
Phone no. (home)	Yes No	Yes No
Phone no. (work)	Yes No	
Phone no. (mobile)	Yes No	Are you able to carry out your normal activities? Yes No
Do you require an interpreter?	Yes No	Are you off work/unable to care for a
Do you have any additional communication nee	eds? Yes No	dependent because of this problem?
		Yes No Notapplicable

Please give a brief description of what the main problem is:

Please shade the location of your problem on the body chart



Have you suddenly lost any weight without trying? Yes No If yes, please give details

Please mark level of pain on the scale below

2 3

0

No Pain

1

Have you had any other symptoms, such as numbness, tingling or muscle weakness? Yes No If yes, please give details

4 5 6 7

8

9

IF YOUR PROBLEM IS SCIATICA and you have also found that you are struggling to empty your bladder, are losing bowel control, and cannot feel when you are wiping yourself after going to the toilet, then you should mention this urgently to your GP or attend the Accident and Emergency Department

10

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Worst Possible

- Please return this form by post or email using the addresses provided on the previous page. We will contact you to arrange an appointment as soon as possible using the details you have provided, so please ensure these are correct.
- For further information about what will happen next, and self-help advice please visit:

www.dorsethealthcare.nhs.uk/patients-and-visitors/our-services-hospitals/physical-health/outpatient-physiotherapy-service