

10. Please tick if you have any of the following conditions:

- | | | |
|----------------------|--------------------|----------------|
| Heart | Epilepsy | Blood Pressure |
| Osteoporosis | Previous fractures | Respiratory |
| Rheumatoid Arthritis | Illness | Diabetes |

Surgery
Please give details of any other medical conditions/ surgery

.....
.....

11. Please list any medications you are taking:

.....
.....

12. Employment status. Are you:

- Employed Unemployed Retired Student Carer

13. Please give details of any activities or hobbies you do. (E.g. Sports or other)

.....
.....

14. Due to your current problem are you unable to?

- Work Play sport Care for a dependent Drive Other

Please give details

.....
.....

I _____ confirm that the information provided above is correct to the best of my knowledge. I give my consent to physiotherapy assessment and treatment of my problem and communication on the above.

Patient Signature..... Date.....

Please return your form to the reception staff at Crown Medical Centre.

Please use extra paper to complete the questions on this form if required



PHYSIOTHERAPY SELF REFERRAL FORM

Contact:
Crown Medical Centre
Crown Farm Way
Forest Town
Mansfield NG19 0FW
Tel: 01623 626132

"Putting you first is at the heart of everything we do"

Why do I need to fill this form in?

The physiotherapist needs to record all the relevant information which may affect your treatment. The information that you record on this sheet will become part of your physiotherapy records and will be stored in a secured location.

By filling the information sheet in before attending your appointment it will allow the therapist more time to spend assessing and treating you.

What happens now?

It is the aim of the service that you will be contacted as soon as possible and offered an appointment to be assessed by a physiotherapist. Contact will be made either by letter or telephone; if an appointment becomes available therefore please provide an **appropriate contact telephone number on the form**. ***If no contact is made within 4 weeks, please contact the reception staff at Crown Medical Centre on Tel 01623 626132.***

How long will it take?

We aim to see everybody within 6 weeks of referral.

Please complete both sides of this form as completely as possible.

Name D.O.B

Address

Telephone number NHS number

1. Give a brief description of your problem, how it started and how it affects you.

.....
.....
.....

2. How long have you had this problem?

Days Weeks Months Years

3. Is the problem:

New Flare-up of old problem Ongoing Please give details:

.....
.....

4. What makes your problem worse? (E.g. activity, sports, position)

.....

5. What makes your problem better? (E.g. pain killers, exercises)

.....
.....

6. Is your problem:

Getting better Getting worse Staying the same

7. Have you had any investigations for this problem? (E.g. Scans

X-Rays, Blood tests) Yes No

If yes please give details.....

8. Have you had any previous treatment for this problem? (E.g. Medical treatment, Physiotherapy, Osteopathy, Chiropractor)

Yes No If yes please give details including results:

.....

9. How is your general health? Well Unwell