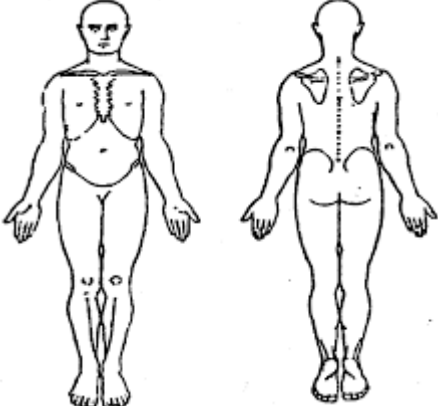


Outpatient Musculoskeletal (MSK) Physiotherapy
Patient Completed Self Referral Form

Date		Name	
Address			Post Code
Occupation		Date Of Birth	
Telephone		Mobile	
Email			
GP Name		GP Address	
Do you have any special requirements? (e.g. interpreter) No <input type="checkbox"/> Yes <input type="checkbox"/>			
Please describe:			
		<p>Please mark on the body diagram the location of your problem. Where is your pain?</p> <p>Is your problem/ pain due to a recent fall, injury or surgery?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – please state date, and type of surgery if received.</p> <p>Please describe your current problem and symptoms below:</p> <p>Have you received any treatment or investigations for this problem before?</p>	
How long have you had your current problem?			
Less than 2 weeks <input type="checkbox"/> 2-6 weeks <input type="checkbox"/> 7-12 weeks <input type="checkbox"/> If more than 3 months please state how long:			
Is your problem getting: Worse <input type="checkbox"/> Better <input type="checkbox"/> Not Changing <input type="checkbox"/>			
If in pain, how would you describe it? Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>			
Is your pain constant (present ALL the time)? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Is pain disturbing your sleep? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – are you able to return to sleep? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you off work because of this problem? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes - how long:			
Are you unable to care for / look after someone because of this problem? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Is your problem from an injury sustained during military service? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are your day to day activities affected by your pain? Not at all <input type="checkbox"/> Mildly <input type="checkbox"/> Moderately <input type="checkbox"/> Severely <input type="checkbox"/>	
Please state any medication your are currently taking:	
Please consult your GP URGENTLY or NHS 24 on telephone number: 111 If you have recently or suddenly developed: <ul style="list-style-type: none"> • Difficulty passing urine or controlling bladder/ bowels • Numbness or tingling around your back passage or genitals • Numbness, pins and needles or weakness in both legs or both arms. • Unexplained new tripping/ stumbling 	

Please consult your GP or medical practitioner if you have experienced any of the following symptoms: <ul style="list-style-type: none"> • Headaches – New, unexplained or increased from your normal headache pattern • Dizziness – more so than your normal or new recurrent episodes within the last 3 months • Unexplained blurred, double vision or loss of vision or a drooping eyelid • Fainting/ falling/ blacking out without reason • Unexplained difficulties swallowing or talking – such as slurred speech • Changed feeling or weakness around your face/ tongue • Have recently become unsteady on your feet or catching your feet. • Are feeling generally unwell/ fever • Have any unexplained weight loss or loss of appetite. • New symptoms or concerns related to a past history of cancer.
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Please complete all parts of form.

Post to MSK Physiotherapy Co-ordinator address below or into local health centre post box for forwarding to same address.

MSK Physiotherapy Co-ordinator
 Physiotherapy Reception,
 Ground Floor,
 BGH,
 TD6 9BS.

Whilst waiting for contact from the MSK Physiotherapy Service, if you have access to internet, please visit www.nhsborders.scot.nhs.uk/mskphysiotherapy for advice and information resources to help manage common musculoskeletal conditions.