

SELF REFERRAL TO PHYSIOTHERAPY FOR MUSCULOSKELETAL PROBLEMS

DO YOU NEED PHYSIOTHERAPY TREATMENT?

If you are having any of the following problems:

- Back or Neck Pain
- Recent Strain or Sprain
- Joint or Muscle Pain

If you are registered with a local authorising G.P practice you can refer yourself directly to Physiotherapy, without seeing your GP.

HOW TO ARRANGE A PHYSIOTHERAPY APPOINTMENT:

1. Complete the attached self-referral form fully. (Please note you can only self refer for one complaint).
2. The attached referral must then be returned to the Therapies department at Warwick Hospital via post, fax or email – see contact details below.
3. Approx 5 working days after the Physiotherapy Booking Centre has received your referral form please telephone **01926 608068** to book your appointment. (The booking centre co-ordinates appointments for all South Warwickshire's NHS Physiotherapy Clinics.)

WE ARE UNABLE TO ACCEPT REFERRALS OVER THE PHONE AND WE CANNOT BOOK YOU AN APPOINTMENT UNTIL WE HAVE RECEIVED YOUR REFERRAL FORM

The referral form must be either emailed, faxed or posted to:

Therapies department, Warwick Hospital, Lakin Road, Warwick, CV34 5BW

Fax: 01926 482641

Email: physio.refer@swft.nhs.uk

WHAT CAN I DO THE HELP MYSELF IN THE MEANTIME?

Research has shown that resting for more than a day or two does not help and may prolong pain and disability. However you may need to modify your activities initially.

Changing your position or activity frequently throughout the day will help prevent and reduce stiffness.

Over the counter painkillers can be helpful. A pharmacist will be able to advise you on the appropriate tablets.

SELF REFERRAL TO PHYSIOTHERAPY

I WOULD LIKE TO REFER TO PHYSIOTHERAPY AT:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> WARWICK HOSPITAL
<input type="radio"/> LEAMINGTON REHAB HOSPITAL
<input type="radio"/> KENILWORTH CLINIC
<input type="radio"/> SOUTHAM CLINIC | <input type="radio"/> STRATFORD UPON AVON
<input type="radio"/> ELLEN BADGER HOSPITAL
<input type="radio"/> ALCESTER PRIMARY CARE CENTRE
<input type="radio"/> MEON MEDICAL CTR | <input type="radio"/> KINETON SURGERY
<input type="radio"/> STUDLEY HEALTH CENTRE
<input type="radio"/> HENLEY MEDICAL CENTRE
<input type="radio"/> BIDFORD ON AVON HEALTH CENTRE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NAME MALE / FEMALE (please circle)

ADDRESS

DATE OF BIRTH

NHS NUMBER OR HOSPITAL NUMBER

ESSENTIAL TELEPHONE NUMBERS

HOME:

MOBILE:

CAN WE LEAVE A MESSAGE: YES/NO

GP NAME:

G.P PRACTICE:

DID YOUR GP SUGGEST YOU REFER YOURSELF? YES / NO (please circle)

IF YES, PLEASE STATE WHICH G.P:

PLEASE COMPLETE ALL THE FOLLOWING INFORMATION:

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR (ONE) PROBLEM YOU WOULD LIKE PHYSIOTHERAPY FOR:

HOW LONG HAVE YOU HAD THIS COMPLAINT? WEEKS / MONTHS/ YEARS (please circle)

IS THE PROBLEM? NEW / REOCCURRENCE / ONGOING (please circle)

ARE YOU OFF WORK BECAUSE OF THIS PROBLEM? YES / NO (please circle)

HAVE YOU HAD PHYSIOTHERAPY PREVIOUSLY FOR THIS PROBLEM? YES / NO (please circle)

IF YOU HAVE LOWER BACK OR LEG PAIN HAVE YOU DEVELOPED ANY OF THE FOLLOWING:

PROBLEMS WITH YOUR BLADDER OR BOWEL? YES / NO (please circle)

LEG WEAKNESS? YES / NO (please circle)

LEG NUMBNESS OR TINGLING YES / NO (please circle)

**PLEASE TELEPHONE THE THERAPIES CALL CENTRE ON 01926 608068 TO YOUR APPOINTMENT 5
WORKING DAYS AFTER THIS FORM SHOULD HAVE BEEN RECEIVED BY THE DEPARTMENT**

Email: physio.refer@swft.nhs.uk Fax: 01926 482641

Post: Therapies Department, Warwick Hospital, Lakin Road, Warwick CV34 5BW