

# MSK Physiotherapy Referral Form

PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES - INCOMPLETE FORMS WILL BE RETURNED

<b>Name:</b>	<b>Today's Date:</b>
<b>Date of Birth:</b> <b>Age:</b>	<b>GP Name:</b>
<b>NHS Number:</b>	<b>GP Practice: Albion Medical Practice</b>
<b>Address:</b>	<b>GP Telephone Number: 0161 214 8710</b>
	<b>Do you require an interpreter?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Telephone:    Mobile    :</b>  <b>                         Daytime    :</b>	If yes, which language? _____
	(Please note family members are <u>not</u> able to interpret at your appointment, we will arrange an interpreter for you)
<b>Which body part do you require physiotherapy for?</b>	
<b>What are your symptoms in this body part?</b> <input type="checkbox"/> Pain <input type="checkbox"/> Pins and Needles <input type="checkbox"/> Stiffness Other (please give details) _____	
<b>How long have you had this problem?</b>	
<b>Have you had an injury or operation on this body part?</b> <input type="checkbox"/> Yes - injury <input type="checkbox"/> Yes - operation <input type="checkbox"/> No If Yes, when? _____ What happened/what operation did you have? _____	
<b>Are you off work <u>now</u> due to this problem?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If yes, how long have you been off work for? _____	
<b>Are you struggling to care for a dependent <u>due to this problem</u>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you seen your GP about this problem?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you had treatment for this problem before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Physiotherapy                      When _____                      Where _____ <input type="checkbox"/> Consultant                      When _____                      Where _____ <input type="checkbox"/> Other (please state) _____                      When _____	



**PLEASE NOTE: We only accept referrals via email or post.**