

Contact Details Central Booking Line for MSK Physiotherapy

Tel No: 023 9268 0067

Fax: 023 9268 0051

Email: SNHS.MSK-Physiotherapy-Referrals-Portsmouth@nhs.net

Lines are open: **Monday - Friday 08:00 – 16:00**

Please Allow Four Days

from submitting your Self Referral Form before contacting us to make an appointment

Once Your Self-Referral Form is Completed IN FULL
(including STarT Back questionnaire for Neck/Back referrals)

St Mary's Community Health Campus

Physiotherapy Outpatient Department

1st Floor, Block A

Milton Road

Portsmouth PO3 6AD

Tell us about it

We are always trying to improve our service and welcome any suggestions, comments or concerns. In the first instance please bring them to the attention of the Physiotherapy Department on 023 92 68 0050

Alternatively, contact Solent **Patient Advice & Liaison (PALS) and Complaints Service**

PALS support line:

0800 0132 319

Email:

SNHS.schpatientexperience@nhs.net

Website:

www.solent.nhs.uk



hcpc health & care
professions
council

Solent **NHS**
NHS Trust

Self Referral to Physiotherapy

The method of how you contact MSK Services to book a Physiotherapy appointment has changed.

It is no longer necessary for you to see your GP for a referral to our services.

To book an appointment to see a Physiotherapist, you can fill in this referral form (see over) and send it to us by

- Posting it to the address supplied
- Handing it to your GP Surgery Reception Team who will forward it for you
- Fax or email it to us via the contact details supplied



For a translation of this document or an Audio, Braille or large print version, please contact Access to Communication on 023 8024 1300

Physiotherapy Self-Referral Form

Please ensure this is completed fully to prevent delays in us being able to process your appointment

NAME: _____ Date of Birth: _____

ADDRESS: _____ Post Code: _____

Contact No: _____ NHS Number: _____

GP Name: _____ GP Surgery: _____

Signature: _____ Date: _____

Please give a brief description of why you need Physiotherapy, body part affected and how long you have had the complaint:

This information needs to be completed in order for your referral to be processed.

Is the problem less than 6 wks old More than 6 wks old

Are the symptoms worsening? Yes No

Are you able to carry out your normal activities?
Yes No

Are you off work with this problem?
Yes No Not Applicable

Are you having difficulty sleeping?
Yes No

For back/neck pain referral only*

Do you currently have leg pain?
Yes No

If yes, have you had any difficulties passing or controlling urine?
Yes No

If Yes – please contact your GP Immediately

Have you suddenly lost any weight without trying?
Yes No

If Yes, please give details _____

Have you any other symptoms such as numbness, tingling or muscle weakness
Yes No

If Yes, please give details _____

***Please complete STaRT Back questionnaire & return, failure to do so will result in rejected referral.**

What conditions can be treated?

The Physiotherapy Service helps patients regain their health and independence after an injury or operation. It also helps people with long term conditions.

Physiotherapy can help with a range of muscle and joint problems including **back pain in the lower or middle back, neck pain, recent injuries such as strains and sprains and joint or muscle pain.**

How do I self refer?

Just follow these three steps to book an appointment:

- 1 Complete the Self-Referral form on the page opposite, filling it out honestly and with as much information as possible to give us a clear understanding of your condition.
** Including STaRT Back questionnaire for neck/back referrals.*
- 2 Return the completed Self-Referral Form to the Central Booking Department for MSK Physiotherapy Appointments via the contact details supplied
- 3 Four days from submission of your Self-Referral Form, contact the Central Booking Line Number (as given) - between the times stated - to organise your appointment.

The following section is for Physiotherapy use only

Date of 1st Contact	Total N° of contacts			Date of D/C		
Reason for D/C (Circle)	Self Mx	Resolved	Self D/C	DNA	Other	
Additional d/c information						
Physio Signature:				Print Name:		
Date:				Time:		