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| **Musculoskeletal physiotherapy outpatient services** |
| **PART ONE: Screening form for Self-Referral** |

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| PLEASE COMPLETE THIS CHECKLIST TO SEE IF YOU ARE SUITABLE FOR SELF REFERRAL TO PHYSIOTHERAPY | | | |
| 1. Are you under 16 years old? | | Yes  No | |
| 2. Are you filling in this form on behalf of someone else? | | Yes  No | |
| 3. Have you attended Physiotherapy for the same condition in the last 6 months? | | Yes  No | |
| 4. Has your general health changed recently in any way that you haven’t discussed with your GP? | | Yes  No | |
| 5. Have you had a significant accident recently, for which you have not sought medical advice? | | Yes  No | |
| 6. Is this problem to do with; | |  | |
| * Your breathing/chest | | Yes  No | |
| * A neurological problem e.g. Stroke or multiple sclerosis | | Yes  No | |
| * Incontinence | | Yes  No | |
| 7. If you have back pain: Since the pain came on have you developed any of the following symptoms; | |  | |
| * Problems passing urine | | Yes  No | |
| * Problems controlling bowel movements | | Yes  No | |
| * Pins and needles or numbness between your legs or around your back passage | | Yes  No | |
| **If you have answered yes to any of the questions above, you are not suitable to self-refer to Physiotherapy.** Please contact your GP Practice to find out who the best person is to speak to or see regarding your problem/condition. | | | |
| If you have answered ‘no’ to all the questions above, then please answer the questions below and proceed to PART TWO | | | |
| **Consent to Data Sharing**  Do you consent to information recorded by us being shared with other health Care professionals?  Yes  No  Do you consent to this organisation viewing data relating to your care held on other GP systems? (GP, Out of hours etc)  Yes  No | | | |
| **Signed:** | **Date:**  P.T.O. | |  |

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| **PART TWO: Patient details for Self Referral –** PLEASE COMPELTE EVERY SECTION | | | | | |
| **INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE ACCEPTED** | | | | | |
| Referral Date: |  | NHS No | |  | |
| Surname |  | Forenames | |  | |
| Previous Surname |  | Title |  | Sex |  |
| Date of Birth |  | Daytime Tel No | |  | |
| Address |  | Mobile No | |  | |
| Email Address | |  | |
| Can we leave a message: | | Yes  No | |
| Registered GP | |  | |
| Post Code |  | GP Practice | |  | |

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| Please give us a brief description of your problems or symptoms: | |
| How long have you had these symptoms: | |
| Have you had any other interventions or treatments for this problem? (Include dates) | |
| Please complete the following questions: | |
| Did your GP suggest you complete this form? | Yes  No |
| Is your problem worsening? | Yes  No |
| Are you able to continue your normal activities? | Yes  No |
| Is this problem preventing you from working? | Yes  No |
| When you have completed PART TWO please send to us by:  **Post**: Physiotherapy Central Booking Department, Chippenham Community Hospital, Rowden Hill, Chippenham, SN15 2AJ  **Email**: [wilts.mskphysiobooking@HCRGCareGroup.com](mailto:wilts.mskphysiobooking@HCRGCareGroup.com)  **By hand**: to the physiotherapy department or to your GP practice who will put in internal post on your behalf | |

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| **PART THREE: Screening form for self referral for low back pain and sciatica** | |
| PLEASE COMPLETE BOTH SIDES OF THIS FORM IF YOU ARE SELF-REFERRING TO PHYSIOTHERAPY FOR LOW BACK PAIN OR SCIATICA | |
|  | |
| Please refer to our leaflets for information on our services and let us know which service you would be most interested in.  I would be interested in: |  |
| Back Pain Management Classes |  |
| * Activate Your Back (one-off class) | Yes  No |
| * Back class (six week course) | Yes  No |
| One-to-One Physiotherapy Appointment | Yes  No |
| Telephone Appointment | Yes  No |

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| **PART FOUR: Screening form for self referral for low back pain and sciatica** |

The Keele STarT Back Screening Tool

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| **Patient Name:** |  | **Date:** |  |

Thinking about the last 2 weeks tick your response to the following questions:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | **Disagree**  **0** | | **Agree**  **1** |
| 1 | My back pain has spread down my leg(s) at some time in the last 2 weeks | | | |  | |  |
| 2 | I have had pain in the shoulder or neck at some time in the last 2 weeks | | | |  | |  |
| 3 | I have only walked short distances because of my back pain | | | |  | |  |
| 4 | In the last 2 weeks, I have dressed more slowly than usual because of back pain | | | |  | |  |
| 5 | Its not really safe for a person with a condition like mine to be physically active | | | |  | |  |
| 6 | Worrying thoughts have been going through my mind a lot of the time | | | |  | |  |
| 7 | I feel that my back pain is terrible and its never going to get any better | | | |  | |  |
| 8 | In general, I have not enjoyed all the things I used to enjoy | | | |  | |  |
|  |  | | | |  | |  |
| 9 | Overall, how bothersome has your back pain been in the last 2 weeks? | | | | | | |
|  | Not at all  0 | Slightly  0 | Moderately  0 | Very much  1 | | Extremely  1 | |

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| **Total score (all 9):** |  | **Sub Score (Q5-9):** |  |