

Midlothian Musculoskeletal (MSK) Community Physiotherapy Self-Referral Form



(NOTE: For patients of Dalkeith and Penicuik GP practices only)

***Please return your form via email to loth.midlothianphysioreferrals@nhs.scot

Please note that email is not a secure method of communication. By choosing to return this form by email, you accept the associated risk

****By post: MSK Physiotherapy, Bonnyrigg Health Centre, 109 High St, Bonnyrigg, EH19 2DA**

If your problem is urgent, severe, or getting worse, contact your GP or NHS24 (Phone 111)

If you have *any* of these symptoms, since this problem started, then you *must* consult your GP.

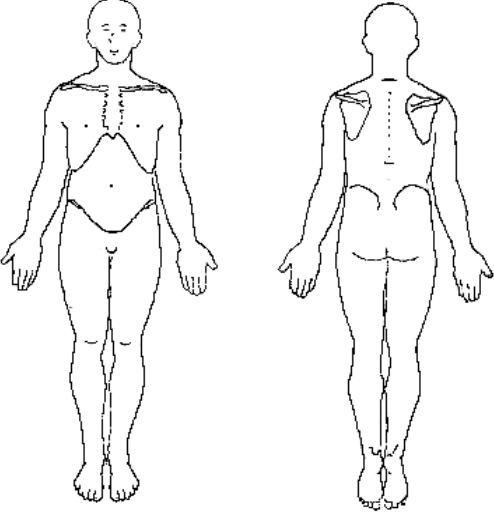
- Dizziness
- Blurred vision
- Swallowing problems
- Speech impairment
- History of cancer
- Fainting
- Bowel/bladder problems
- Reduced or altered sensation in your groin, genitals or back passage area
- Weakness in both legs
- Unexplained weight loss

Information about you

Full name:			
Date of Birth: (must be 16yo and over)		Today's date:	
Address:		GP Practice: Must be MIDLOTHIAN	
Postcode:			
Email Address		Do you have any special requirements? (e.g. Interpreter - please state preferred language):	
Telephone number:			

Please describe your problem and how it started?	
How long have you had this problem? 0 – 2 wks 2 – 12 wks > 12 wks Recurrent problem	If you are experiencing pain, would you rate it as Mild AND Moderate Constant Severe Comes & goes
Since the problem began is it: Worsening Same Improving	Is the pain disturbing your sleep? No Yes, unable to sleep Yes, wakening from sleep

Any day to day activities you are unable to do? No Yes Please list:	Are you off work because of this problem? Yes No Not applicable Are you a carer? Are you ex-armed forces?
Has anything helped so far (e.g. self-management, previous physiotherapy treatment)?	

Please use body chart to identify problem area – mark with an 'X'	Do you have any other medical conditions/had any operations?
	
	Please list all medicines you are taking including over the counter medication (e.g. paracetamol):
If typing form, please describe your pain area here:	Have you attended other specialties e.g. Orthopaedics, Pain Clinic, Rheumatology?
	What do you want to achieve from Physiotherapy?

I agree that the information that I have provided in this form is accurate and may be shared with my GP.	
I consent to relevant medical information being released from my GP if required and to contact from us for feedback of our service. Please note we cannot take responsibility for any information that you have not provided us with.	
Signature/ Print name:	Date:

For our audit purposes:

- Have you already discussed this problem with a GP or Advanced Physiotherapy Practitioner (APP) at your GP practice?
 Yes No
- How did you come across this form?
 GP Practice website GP GP reception Other - please state here: