

Physiotherapy Self-Referral Form

Do you think you need physiotherapy?

You can now see a physiotherapist without having to see your GP first.

In order to access this service you must be living in Tameside or Glossop or be registered with a GP within Tameside and Glossop.

If you prefer / have any concerns you can always be referred for physiotherapy in the usual way by your GP – please make an appointment with them.

Unfortunately this service is **not** available if you have a **neurological, breathing or gynaecological problem.**

Not sure if physiotherapy is right for you?

Physiotherapy can be particularly helpful if you are suffering from low back pain, neck pain, recent injuries such as sprains, strains or joint and muscular pain.

How can I refer myself to physiotherapy?

Please fill in the form below and send it to:-

**The Physiotherapy Dept
Shire Hill Hospital
Bute Street
Glossop
SK13 7QP
01457 850550**

or

**The Physiotherapy Dept
Ashton Primary Care Centre
193 Old Street
Ashton Under Lyne
OL6 7SR.
0161 342 7000**

What will happen next?

A physiotherapist will look at your form. We will then contact you by phone or letter to arrange an appointment.

How can I help myself in the meantime?

Research has shown that resting for more than a day or so does not help and may prolong pain and disability. You may need to modify your activities initially, but the sooner you get back to normal activity the sooner you will feel better. Getting stiff joints and muscles working can be painful initially, but this is a normal response and not a sign of damage. Changing your position or activity frequently through the day will help prevent and reduce stiffness. Try to build up your general activity gradually.

Painkillers

Painkillers can be helpful. A pharmacist can advise you what to take. If your symptoms continue or worsen you may wish to see your GP.

Hot or Cold?

If you have an old injury, you may find holding a hot water bottle wrapped in a towel on the affected area for 10 minutes reduces pain. For a new injury (hot and swollen) you can use a pack of frozen peas wrapped in a damp towel for 10 minutes. Be aware that hot and cold can burn and that you need to check your skin every 5 minutes, if your skin becomes very red or blotchy then stop.

If you require this information in an alternative format such large print, audio tape, Braille, disc or other please contact the Communications team on 0161 304 5800/5314 or email bengranger@nhs.net or minicom 0161 922 401

Physiotherapy Self-Referral Form

Name	Today's date
Date of Birth	GPs Name
Address	GPs Address Denton Medical Practice 100 Ashton Road Denton M34 3JE <i>www.dentonmedical.co.uk</i>
Telephone Home Daytime	If required can we contact your GP for further information Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require an interpreter? If yes, which language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which body part would you like Physiotherapy for?	What are your symptoms?
Who suggested physiotherapy? Or was it your own idea?	GP <input type="checkbox"/> Other healthcare professional <input type="checkbox"/> Friend <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you had this complaint? Is this problem Have you had physiotherapy for this problem before? If yes, how long ago? Are your symptoms worsening? Are you able to carry out your normal activities? Are you off work / unable to care for a dependant because of this problem?	Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> New <input type="checkbox"/> Return of an old problem <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
If you have back pain, have you had any difficulties passing or controlling urine? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details	
Have you suddenly lost weight without trying? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details	
Have you had any other symptoms, such as numbness, tingling or muscle weakness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details	
Where did you pick up this form?	
Where would you like to attend for physiotherapy?. Ashton Primary Care Centre <input type="checkbox"/> Shire Hill Hospital <input type="checkbox"/>	