

MUSCULOSKELETAL SELF-REFERRAL FORM

Instructions

- You must be 16 years old or over to refer to this service.
- You should be seeking help for a musculoskeletal (bone, joint or muscle) problem such as back pain, arthritis or a sprain.
- You must have a GP registered within the East Surrey area to refer yourself through to this service.
- Please complete the form as fully as possible; the more information that we are given, the easier it is for us to direct people to the most appropriate service for their needs.
- You can only self-refer for one condition at a time.
- Please note that self-referral is not appropriate for patients with any of the 8 symptoms on the top of your referral form.

By submitting this form you agree to First Community using your data for the purposes of the care of your musculoskeletal problem. This may include the sharing of your information with other relevant health practitioners, and the viewing of information from other relevant health practitioners about your medical care.

- Please either print the form and complete writing clearly and legibly, or type directly onto the form. Once the form is complete please save or scan it as a document (**not a photo/jpg**) then email to fhc.msk@nhs.net, or post the paper copy to Oxted Therapies Unit, Barnetts Shaw, Oxted RH8 0NQ.
- If you are referring yourself for back pain please also complete the Keele STarT Back Screening Tool attached.
- If you have not heard anything after 2 weeks of submitting this form please contact us on the above email address or by phone on 01737 231688

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Please write clearly and legibly

Self-referral is not appropriate for patients with the following symptoms. If you have experienced any of the following you must consult your GP for a referral. For symptoms 1 and 2 seek urgent medical advice.

| | | | |
|--|---|---|---|
| 1) Unexplained bladder or bowel problems | 2) Numbness or tingling around back passage or genitals | 3) Pins and needles or numbness in both arms or both legs | 4) Pain at night that persists despite changing your position |
| 5) Fever or night sweats | 6) Unexplained weight loss | 7) Unsteady on feet | 8) On current treatment for Cancer |

| | | | | | | |
|--|---|--|--|--------------|------------|--|
| Full name | | | Gender | | Ethnicity | |
| DOB | | GP Practice | | | Occupation | |
| Home address | | | | | Post Code | |
| Home number | | Can we leave a message? | Yes/No | E-mail | | |
| Mobile number | | Can we leave a message or send a text? | Yes/No | Today's Date | | |
| Is your injury a military service attributable injury? | Yes/No (If Yes please provide details) | | Are you happy for us to share your medical records with your GP? | | Yes / No | Are you happy for us to view your medical records held by your GP? Yes / No |

Please give a brief description of your symptoms including location of pain and why you wish to see a physiotherapist. Please state whether you have any pins and needles or numbness associated with this pain.

How long have you had this problem?

Are you off work or unable to care for a dependant because of this problem? Yes/No
(if Yes please give details)

Have you had treatment for this condition in the past? Yes/No
(if Yes please give details e.g. type of treatment and when you had it)

Have you needed to take painkillers for this problem? Yes/No
(If Yes which and how many?)

Is there any other information you feel might be relevant to this referral?

Is your GP aware of this problem? Yes/No

Do you have any other medical conditions or on going medical issues you are receiving treatment for?

What are you hoping for from this referral?

The Keele STarT Back Screening Tool

Only complete this if your problem is back pain

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 | It's 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 it's never going to get any better | | |
| 8 | In general I have not enjoyed all the things I used to enjoy | | |