

Self-referral to physiotherapy

Please complete this form to self-refer yourself to Physiotherapy and either bring it with you when you attend for your first appointment -or send it to one of the locations identified on the back page.

Name	<input type="text"/>	GP's name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	GP's Surgery Address	<input type="text"/> <input type="text"/> <input type="text"/>

		Can we leave a message at these numbers?	
Phone no. (home)	<input type="text"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Phone no. (work)	<input type="text"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Phone no. (mobile)	<input type="text"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Today's date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please note no under 16's accepted

Do you require an interpreter? **Yes** ☐ **No** ☐

If yes, which language?

Please give a brief description of why you want a physiotherapy assessment:

How long have you had this complaint? (please tick)

Days ☐ **Weeks** ☐ **Months** ☐ **Years** ☐

Is the problem **New?** ☐ **Ongoing?** ☐

Are the symptoms worsening? **Yes** ☐ **No** ☐

If you have back pain with leg pain –have you had difficulties passing or controlling urine ? **Yes** ☐ **No** ☐

Have you suddenly lost weight without trying ? **Yes** ☐ **No** ☐

Previous Medical History :

Medication : (Please bring a list of your current medication with you when you attend your appointment)

It may be necessary for you to get undressed so please wear appropriate underwear or bring shorts with you so that we can see the part of the body that requires assessment and treatment.

It may be necessary for us to communicate with your Doctor after this appointment either to provide us with information to support our assessment or to provide your Doctor with information about how we have treated you . If you are happy to consent to this please sign below

Signature :

Date :

Thank you Physiotherapy Department Heart Of England Foundation Trust

Clerical Staff : Appointment Date :_____ Appointment Time : _____

Self –referral Locations

Please either ring the relevant contact number as outlined below, or post your referral to the correct address to enable your referral to be processed.

1. PHYSIOTHERAPY APPOINTMENTS IN SOLIHULL COMMUNITY

CONTACT CENTRAL BOOKING ON 0121 329 0107

Or Post to :

**Physiotherapy Department, Chelmsley Wood Primary Care Centre
Crabtree Drive, Chelmsley Wood B37 5BU**

For Physiotherapy Appointments at the following locations :

Balsall Common Health Centre
Chelmsley Wood Primary Care Centre
Freshfields Health Centre Knowle
Haslucks Green Medical Centre
Hobs Moat Medical Centre Solihull
Hurst Lane Clinic Castle Bromwich
Northbrook Health Centre Shirley
Shirley Clinic
Yew Tree Surgery Solihull
Tanworth Lane Surgery

2. PHYSIOTHERAPY APPOINTMENTS IN THE ACUTE HOSPITALS

CONTACT CENTRAL BOOKING ON 0121 424 5446

Or Post to :

**Solihull Hospital Physiotherapy Department ,Lode Lane
Solihull B91 2JL**

For Physiotherapy Appointments at the following locations :

Birmingham Heartlands Hospital
Good Hope Hospital Sutton Codfield
Solihull Hospital

Please note that a G.P. referral is still required for the following :

- All Neurological Conditions e.g. Any disease affecting the central or peripheral nervous system such as Multiple Sclerosis, Parkinsons Disease, Stroke
- All Respiratory Conditions e.g. Any disease affecting the airways and the ability to breathe correctly such as Asthma, Bronchiectasis, Pulmonary Disease
- All Incontinence Problems and Gynaecological Problems
- Anyone under the age of 16
- All patients requiring a home visit

If you are uncertain about whether you can self-refer or not please contact one of the central booking numbers above for advice.

Clerical Staff : Appointment Date : _____ Appointment Time : _____