

Musculoskeletal Physiotherapy self-referral

Your information

If you would like to find out what happens to personal information held about you, please read the '*your personal information*' section on our Legal page ([Legal | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](#)). You can also read our privacy policy for more information.

Physiotherapy self-referral

Completing your referral will take around **15-20 minutes**. It is important you provide information which is as accurate as possible to ensure you are offered the correct management pathway. Some questions are mandatory as indicated by a * next to the question.

To complete this form you will need:

- **Your NHS number.** You can find out your NHS number by using this website <https://www.nhs.uk/nhs-services/online-services/find-nhs-number> or by finding it on your prescription sheet or any GP/Hospital letters you have received.
- **Your previous medical history**
- **Your current medication**

By completing this form you consent to Kent Community Health NHS Foundation Trust sharing the information provided with your GP. **The information that you submit on this form will be reviewed by a clinician as part of your physiotherapy assessment.**

Important information

If you are contacting us about **low back pain** and / or leg pain and you have **recently (within 2 weeks)** or **suddenly** developed **any of the following**:

- A change in your bladder function or bowel control.
- Altered sensation around your genitals or back passage.
- Loss of sexual function (achievement of erection or ability to ejaculate, loss of vaginal sensation).

Do not complete this form and immediately call NHS 111. Reporting these **recent symptoms** and that they are **linked to your back pain**.

If you have any of the following:

- Any unexplained weight loss (more than 5% of your bodyweight over the last 6 to 12 months).
- Are feeling generally unwell / feverish.
- Have recently become unsteady on your feet.

Do not complete this form and make an appointment with your GP or call NHS 111, reporting these symptoms.

However, if you are subsequently told by your GP or NHS 111 that these symptoms do not need further investigation, then please complete this form

If you are:

- Under 16 years old.
- Unable to attend the Outpatient Department.
- In need of physiotherapy at home.
- Seeking treatment for Neurological, Pelvic Health or Respiratory disorders.

Or have received treatment for the same problem from this service in the past 6 months

Do not complete this form and instead make an appointment to see your GP.

If you are contacting us about your **neck pain** and **have had any of the following symptoms since the onset**, we would advise you to **discuss these symptoms with your GP or NHS 111** as soon as possible:

- Severe headaches
- Double or tunnel vision
- Passing out or falling to the floor
- Speech or swallowing difficulties

We request you do not self-refer within the first 6 weeks of developing a new problem.

This is because 85% of people who develop 'new' problems improved within 6 weeks.

Please confirm that you have read and understood the important information: *

I confirm that I have read and understood the important information

By completing this form you consent to being contacted by Kent Community Health NHS Foundation Trust. Your information is kept secure and confidential.

About you

Title*:

Name*:

Date of birth*:

Gender*:

Ethnicity*:

NHS number*:

Address*:

Home phone*:

Mobile*:

Email*:

GP surgery*:

What would you like us to call you?

Have you served in the UK Armed Forces?

Do you require an interpreter?

If yes, language required?

Are you pregnant?

If yes, how many weeks pregnant are you?

If you require additional support at your appointment, please explain how we can help you

In order to get the most out of your appointment, it is helpful for us to understand what matters most to you. What do you hope to achieve through this referral?

What's wrong

Where are you experiencing your main problem (for example, back – upper/lower, knee, shoulder):

Which side of the body are you getting your problem?

How long have you had your current problem?

Tell us about the problem for which you are seeking help:

(Please describe how and why it started, whether you had an injury or not, and whether you have any pain, weakness or change in sensation for example, pins and needles or numbness)

Does your problem prevent you from carrying out your duties as a carer for someone?

Does your problem prevent you from attending work?

Does your problem prevent you from being independent?

(for example, being unable to look after yourself or being unable to leave the house)

Does anything make your problem worse?

(For example: walking, sitting, standing)

Does anything help to ease your problem?

(For example: heat, cold/ice, walking, medication, rest)

Do you frequently experience any swelling, heat, redness around the affected area?

Have you recently had surgery or a steroid injection for your problem? Yes/No

If yes, please provide details (how many and when)

Please tell us if you have previously seen a healthcare professional for your problem?

Have you had any investigations or scans in relation to your problem? Yes/No

(For example: MRI, x-ray, blood tests, bone scan (DEXA), nerve conduction study, CT)

If yes, please provide details (what type of investigation/scan, when and where)

If you are completing this self-referral for **Back pain**, please complete the next section:

Thinking about the last two weeks tick if you agree to the following questions

- My back pain has spread down my leg(s) at some time in the last two weeks
- I have had pain in the shoulder or neck at some time in the last two weeks
- I have only walked short distances because of my back pain
- In the last two weeks, I have dressed more slowly than usual because of back pain
- It's not really safe for a person with a condition like mine to be physically active
- Worrying thoughts have been going through my mind a lot of the time
- I feel that my back is terrible and it's never going to get any better
- In general I have not enjoyed all the things I used to enjoy
- None of the above

Overall, how bothersome has your back pain been in the last two weeks?

- Not at all
- Slightly
- Moderately
- Very much
- Extremely

Your medical history

Have you had any health problems/conditions with the following?

- | | |
|---|---|
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Recent falls | <input type="checkbox"/> TB |
| <input type="checkbox"/> Operations (specify below) | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Poor general health | <input type="checkbox"/> Unexplained weigh loss |
| <input type="checkbox"/> Cancer (specify below) | <input type="checkbox"/> Anxiety/depression |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other or further details: | |
-

What medication are you currently taking?

Have you ever taken any of the following medication?

- Steroids (for example, prednisolone, dexamethasone)
 - Anticoagulants (blood thinning medication for example, warfarin, rivaroxaban, heparin)
 - None
-

Further information for those contacting us regarding low back or knee pain

Once your details have been reviewed, your first appointment may be in our back or knee pain intervention sessions run by one of our senior physiotherapists.

These **group** sessions are held regularly and are an introduction into physiotherapy. You can choose to either attend on-line or join one of our face to face sessions.

We aim to provide you the quickest route to access physiotherapy. Both virtual and face to face group sessions include the same information and advice. To reduce your wait time, we may invite you to attend a virtual group session held on online.

If required, a 1:1 session can be requested following attendance of the back or knee pain intervention session. Further details will be given at the session.
