Self-referral suitability check

The self-referral service cannot see.

* Anyone in their own home (i.e. are housebound in the short or long term).
* Anyone with respiratory conditions.
* Anyone with neurological conditions.
* Anyone needing post amputation services (requires a specialist referral)
* Anyone under 16 years old
* Anyone needing emergency treatment (serious and life-threatening health situations). **Please consult NHS 111 or your GP.**

**We recommend you consult your GP or NHS 111 urgently if you have recently or suddenly developed any of the following:**

* Difficulty passing urine or controlling bladder/bowels.
* Numbness or tingling around the back passage or genitals.
* Numbness, pins and needles or weakness in both legs.

**Please discuss with your GP before submitting a referral if you:**

* Are feeling generally unwell or have a fever.
* Have any unexplained weight loss.
* Have a history of cancer.
* Have recently become unsteady on your feet.

If you answer yes to any of these symptoms, and you have NOT seen a doctor for this symptom, it is essential you arrange an appointment with your GP.

DO NOT SEND IN THIS FORM UNTIL YOU HAVE SOUGHT FURTHER ADVICE

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| **NB: Please complete all the mandatory sections marked as asterisk \*****Disclaimers** |
| \*I, (Person named on this form), confirm that the information provided below is accurate to the best of my knowledge (Tick to confirm) |
| \*First Name and Surname:  |
| \*I confirm I have answered **NO** to all questions under the suitability check. (Tick to confirm) |

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| **Disclaimers** |
| To help us provide your care, do you consent to AQP Physio Providers sharing your information with other organisations involved in your care? For example; your GP, other NHS Trust services, etc.\*I consent to my information being used/ shared to health care professionals for my treatment  (Tick to confirm) |

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| **Exclusions/Eligibility** |
| \*Have you received physiotherapy through the NHS in the last 6 months for the same musculoskeletal problem (Delete or cross the options as appropriate) | YES-(Please contact your GP for advice on further referral) |
| NO-(Please continue completing the self-referral form) |
|  \*I can confirm that I am 16 years old or over when completing this form. (Tick to confirm)  |
| **Date of referral (dd/mm/yyyy):**  |

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| **\*Demographic Information** |
| First Name |  |
| Surname |  |
| NHS Number If your NHS number is unknown you can find this by:Contacting your GP practice, Accessing the NHS appUsing the following link <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/> Providing consent to the provider to access the link to source your NHS number (Type YES to confirm consent) |  |
| Registered GP Practice |  |
| Date of Birth |  |
| Gender |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Postcode |  |
| Telephone-Landline |  |
| Telephone-Mobile |  |
| Email (if available) |  |
| How do you wish to be contacted (Delete as appropriate) | TelephoneEmailPostOther |

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| **Accessibility** |
| Do you need any help with accessing our service either for reading, understanding or mobility (Delete as appropriate) | YES (If Yes, please write what help is required within this text box)  |
| NO |
| Do you need an interpreter? (Delete as appropriate) | YES (Please specify which language) |
| NO  |
| Do you require a Female or Male Practitioner for your physiotherapy consultations? (Choose as appropriate)  | Female  |
| Male |
| No preference |
| Do you require a chaperone? (Delete as appropriate) | YES |
| NO |
| **Triage Questions** |
| Have you had surgery in the last three months for the musculoskeletal problem you are referring for? (Delete as appropriate)  | YES |
| NO |
| If Yes, please state What Surgery |  |
| If Yes, please state When and where did you have the Surgery |  |
| Are you off work or unable to continue caring for a dependant because of this problem (Delete as appropriate) | YES |
| NO |

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| **Clinical information**  |
| Has your GP or Consultant advised you to self-refer? (Delete as appropriate) | YES  |
| NO |
| Which body part is affected? (Please write about the side, location(s)/ area(s) of pain) |  |
| How long have you had this problem for? |  |
| In the last two weeks how severe have your symptoms been on a scale of 0-10 (0-no pain, 10-severe pain)? |  |
| Are the symptoms getting worse? |  |
| Have you had any recent tests or investigation conducted related to your current symptoms? (If yes, please bring your report with you to your appointment if possible) |  |
| Are you currently taking any medication? (If yes, please bring your prescription list to your appointment if possible) |  |
| Please give a brief description of your problem, EG: pain, aches, location, has your GP/Consultant advised you to self-refer, any other details |  |

Has your GP or Consultant advised you to self-refer

**Thank you for submitting the self-referral form.**

Thank you for submitting your self-referral form, you will be contacted within 3 working days.

\**If any urgent concerns arise between your referral submission and scheduled appointment, please contact your GP Surgery or the 111 service for advice.*