

**PHYSIOTHERAPY SELF-REFERRAL FORM**

Date completed: \_\_\_\_\_

**Important Notice :** This self-referral option is not available to patients under 16 years of age  
Please complete **both sides** of this form & return to **Physio Outpatient Admin, St Clements Rd, Keynsham, Bristol BS31 1AF**

Or email to: [vcl.bathnesphysio-outpts@nhs.net](mailto:vcl.bathnesphysio-outpts@nhs.net)

If you live in BA1 area hand in directly to the physiotherapy department or post direct to: Adult Therapies Department F1, Royal United Hospital Bath NHS FT, Combe Park, Bath, BA1 3NG or email to [ruh-tr.therapiesoutpatientadmin@nhs.net](mailto:ruh-tr.therapiesoutpatientadmin@nhs.net) “.

Patient Details			
Name :			
Address and Postcode:			
Date of Birth :			
Telephone :	Home :		
	Mobile :		
Is an Interpreter required?	Yes / No	If “yes”, what language?	
GP Name and Address:			
Have you consulted your GP about this problem?	Yes / No	If “yes”, what was recommended?	

Your injury or problem			
Please give a description of your problem (such as area of pain / how it started) :			
<b>Please note :</b> If you have had any of the following please see your GP before referring yourself to physiotherapy			
Fever or night sweats		History of cancer	
Night pain		Unexpected bladder or bowel problems	
Unsteady on feet		Unexpected weight loss	
Hot or swollen joint(s)			

How long have you had this problem?			
Less than two weeks		More than two weeks	
More than a month		More than a year	

<b>Is the problem :</b>
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Service provided by

This service is provided HCRG Care Group behalf of NHS Bath and North East Somerset CCG and Bath and North East Somerset Council.



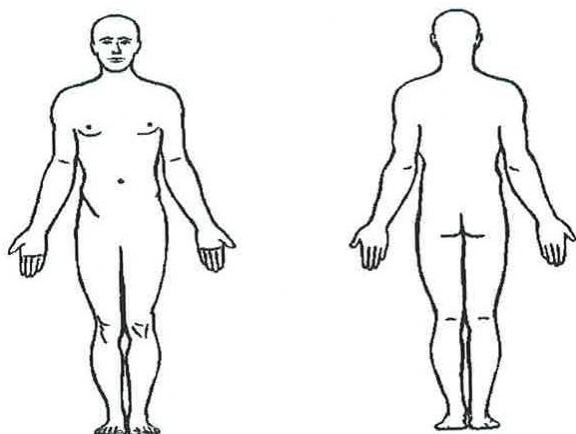
New problem		Flare up of old problem		Ongoing long-term problem	
<b>Is the problem:</b>					
Getting better		Getting worse		Staying the same	

<b>Have you had any investigations for this problem?</b>					
Blood test		MRI		Ultrasound	
X-Ray					

<b>Have you had any previous treatment for this problem?</b>	
If so, when was this treatment?	

<b>Medication &amp; Medical history – please list any regular medication, medical conditions or previous surgery you have had.</b>

Body Chart – Can you mark on the body where you are getting the pain / problem, including any symptoms such as tingling :



<b>Due to your current problem, are you unable to do any of the following (give as much detail as possible)</b>			
Care of a dependent		Participate in sports or activities	
Work		Other	

<b>Your Perception</b>
What do you think is happening or happened to cause your problem?
What specific problem(s) or difficulties would you like the physiotherapist to help you with?

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Early advice – if you feel your condition can be managed with some advice and not an appointment and you would like a physiotherapist to call you and discuss the most appropriate way to manage your problem, please tick here :

If you have any concerns regarding your safety at home please tick this box and we will find a discreet way to help you