Wiltshire HEALTH AND CARE

NHS

MUSCULOSKELETAL PHYSIOTHERAPY OUTPATIENT SERVICES

PART ONE: Screening form for Self-Referral

PLEASE COMPLETE THIS CHECKLIST TO SEE IF YOU ARE SUITABLE FOR SELF REFERRAL TO PHYSIOTHERAPY

Question	Answer
1. Are you under 16 years old?	☐ Yes ☐ No
2. Are you filling in this form on behalf of someone else?	☐ Yes ☐ No
3. Have you attended Physiotherapy for the same condition in the last 6 months?	☐ Yes ☐ No
4. Has your general health changed recently in any way that you haven't discussed with your GP?	☐ Yes ☐ No
5. Have you had a significant accident recently, for which you have not sought medical advice?	☐ Yes ☐ No
6. Is this problem to do with;	
• Your breathing/chest	☐ Yes ☐ No
• A neurological problem e.g. Stroke or multiple sclerosis	☐ Yes ☐ No
• Incontinence	☐ Yes ☐ No
7. If you have back pain: Since the pain came on have you developed any of the following symptoms;	
• Problems passing urine	☐ Yes ☐ No
• Problems controlling bowel movements	☐ Yes ☐ No
• Pins and needles or numbness between your legs or around your back passage	☐ Yes ☐ No

If you have answered yes to any of the questions above, you are not suitable to self-refer to Physiotherapy. Please contact your GP Practice to find out who the best person is to speak to or see regarding your problem/condition.

If you have answered 'no' to all the questions above, then please answer the questions below and proceed to PART TWO

Consent to Data Sharing

Do you consent to information recorded by us being shared with other health Care professionals? ☐ Yes ☐ No

Do you consent to this organisation viewing data relating to your care held on other GP systems? (GP, Out of hours etc) ☐ Yes ☐ No

Signed:	***Date:***

PART TWO: Patient details for Self Referral – PLEASE COMPELTE EVERY SECTION

INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE ACCEPTED

Referral Date:		NHS No			
Surname		Forenames			
Previous Surname		Title		Sex	Female
Date of Birth		Daytime Tel No			
Address		Mobile No			
		Email Address			
		Can we leave a message:	☐ Yes ☐ No		
		Registered GP			
Post Code		GP Practice	Spa Medical Centre, Snowberry Lane, Melksham SN12 6UN		

Please give us a brief description of your problems or symptoms:

How long have you had these symptoms:

Have you had any other interventions or treatments for this problem? (Include dates)

Please complete the following questions:	
Did your GP suggest you complete this form?	☐ Yes ☐ No
Is your problem worsening?	☐ Yes ☐ No
Are you able to continue your normal activities?	☐ Yes ☐ No
Is this problem preventing you from working?	☐ Yes ☐ No

When you have completed PART TWO please send to us by:

Post: Physiotherapy Central Booking Department, Chippenham Community Hospital, Rowden Hill, Chippenham, SN15 2AJ

Email: whc.mskphysiobookingcentre@nhs.net

By hand: to the physiotherapy department or to your GP practice who will put in internal post on your behalf

PART THREE: Screening form for self referral for low back pain and sciatica

PLEASE COMPLETE BOTH SIDES OF THIS FORM IF YOU ARE SELF-REFERRING TO PHYSIOTHERAPY FOR LOW BACK PAIN OR SCIATICA

Please refer to our leaflets for information on our services and let us know which service you would be most interested in. I would be interested in:	
Back Pain Management Classes	
• Activate Your Back (one-off class)	☐ Yes ☐ No
• Back class (six week course)	☐ Yes ☐ No
One-to-One Physiotherapy Appointment	☐ Yes ☐ No
Telephone Appointment	☐ Yes ☐ No

PART FOUR: Screening form for self referral for low back pain and sciatica

The Keele STarT Back Screening Tool

Patient 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	Its 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 its never going to get any better	☐	☐
8	In general, I have not enjoyed all the things I used to enjoy	☐	☐

9 Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all ☐	Slightly ☐	Moderately ☐	Very much ☐	Extremely ☐
0	0	0	1	1

Total score (all 9): **Sub Score (Q5-9):**