

# Physiotherapy Self-Referral

## Refer yourself directly to physiotherapy

**The MSK Service is suitable for low back pain, neck pain, recent strains and sprains, joint and muscle pain.**

### Don't use this form if:

1. You are a patient under 16
2. You are a Clinician
3. You are being cared for by the
4. Pain Service. If you are, contact the service directly if you have a number or go back to your GP

### If you experience any of the below please see your GP before self-referring:

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

### Urgently Consult your GP or NHS 24 (by calling 111) if you have recently/ suddenly developed – DO NOT self-refer with these symptoms:

1. Difficulty passing urine or controlling bladder/bowels
2. Numbness or tingling around your back passage or genitals
3. Numbness, pins and needles or weakness in both legs

**Before you complete this form please try the advice on the website:**

<https://mskr.info/?companycode=mskr2019>

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Do you consent to receiving text messages?  Yes  No

Do you consent to sharing your electronic health record with the MSK service?  Yes  No

Do you consent to receiving emails from us?  Yes  No

GP Name: \_\_\_\_\_ GP Surgery: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How do your current problems affect you (on average) over the course of a week?

Are your day to day activities affected by your symptoms?

Not at all     Mildly     Moderately     Severely

Are your symptoms disturbing your sleep?

No     Yes, difficulty getting to sleep  
 Yes woken up from sleep     Yes, unable to sleep at all

If you are in pain, how would you describe it?

Mild     Moderate     Severe

How long have you had your current problem?

Less than 2 weeks     2-6 weeks     7-12 weeks  
**If more than 12 weeks, how many?** \_\_\_\_\_

Have you had physiotherapy for this before?

Yes     No    **If Yes, how long ago?** \_\_\_\_\_  
**Did it help?**     Yes     No

Did your problem start:

Gradually     Suddenly     As a result of injury

Are your symptoms:

Improving     Worsening     Staying the same

## Is your current problem stopping you from doing any of the following:

**Work:**     Yes     No

**Playing sport:**     Yes     No

**Driving:**     Yes     No

**Caring for a dependent:**     Yes     No

**Are you a wheelchair user or do you have any other mobility issues?**     Yes     No

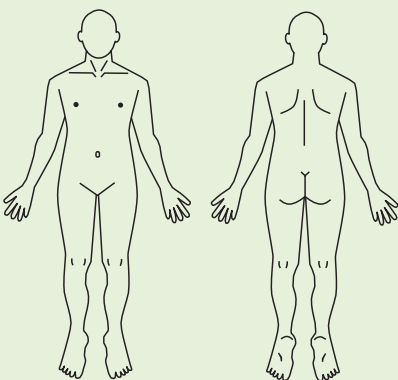
If you have answered yes to anything on the list, please give details below:

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## Please mark on the body diagram (with an X) where your main problem is and where you are having symptoms



Please describe your current problem and symptoms below:

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**Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.**

- Ashfield Health and Wellbeing Centre
- Newark Hospital
- Collingham Medical Centre
- Crown (Clipstone) Medical Centre
- Southwell Medical Centre
- Mansfield Community Hospital
- King's Mill Hospital Mansfield

**Please post, email or deliver in person to:**

MSK Physiotherapy Department  
 Ashfield Health & Wellbeing Centre  
 Portland Street  
 Kirkby in Ashfield  
 NG17 7AE

[mksreferralhub-admin@nottshc.nhs.uk](mailto:mksreferralhub-admin@nottshc.nhs.uk)

Or return it to the receptionist at your GP practice