Sussex MSK Partnership Central

NHS

Self-Referral Form for Physiotherapy – Mid-Sussex

You must be aged 16 years to be seen by the SMSKP Physiotherapy Service. If you are under 16, please contact your GP for advice.

Please complete all parts of this form in **black ink** and hand in or send to:

Royal Sussex County Hospital, Outpatient Booking Centre, Lower Ground Floor, Elliot House, Eastern Road, BN2 5BE

You can also complete this referral online. Please visit: sussexmskpartnershipcentral.co.uk/physiotherapy

Important Notice

Please consult your GP URGENTLY or call free NHS 111 (Dial 111) if you have recently or suddenly developed:

- A change in your bladder function
- Loss of bowel control
- Altered sensation around genitals or back passage
- Loss of sexual function
- Pins and needles or numbness in **both** legs

Please consult your GP first if you have any of the following:

- Have a history of cancer within the last 5 years
- Have any unexplained weight loss
- Are you feeling generally unwell/fever
- Have recently become unsteady on your feet

Personal Details

Title Name Surname Date of Birth	Address Postcode
Telephone (please tick preferred number) ☐Home ☐Mobile ☐Work	e-mail address Are you happy to receive correspondence via email? Yes☐ No ☐ Are you happy for a message to be left on your phone? Yes☐ No ☐
GP Name NHS Number (if known)	Did you GP advise you to complete this form? Yes☐ No ☐

GP practice

☐Dolphins Practice	☐The Surgery Cowfold	☐The Brow Medical Centre
☐Northlands Wood Practice	☐The Meadows Surgery	☐Newton Surgery
☐Silverdale Surgery/The Avenue	☐Ouse Valley Practice	☐Park View Health/Sidney West
☐Mid Sussex Health Ditchling/Hassocks	☐Cuckfield & The Vale Surgery	☐Lindfield Medical Centre
	☐Other	

If you selected "Other", please specify

Do you have any special requirements?

☐Sight impairment	☐Hearing impairment	☐Learning Disability
☐Speech impairment	☐Behavioural and Emotional	☐Other
☐Interpreter (please specify language)		

If you selected "Other", please specify

Please turn over to page two →

About your current problem

Is your pain or problem related to a recent injury or fall? Yes☐ No ☐

Is this problem related to a current or previous active service in the arm forces? Yes☐ No ☐

Are you pregnant?
Yes☐ No ☐

If yes have your symptoms come on since the start of the pregnancy?
Yes☐ No ☐

Where is your problem?

☐Neck ☐Knee ☐Foot/Ankle
☐Shoulder ☐Hip ☐Hand/Wrist
☐Elbow ☐Back ☐Bladder or Pelvic Floor
☐Other

If you selected "Other", please specify

Do you have any special requirements?

☐Sight impairment ☐Hearing impairment
☐Speech impairment ☐Behavioural and Emotional ☐Learning Disability
☐Interpreter (please specify language) ☐Other

If you selected "Other", please specify

How long have you had your current symptoms?

☐Less than 2 weeks ☐2-6 weeks ☐6-12 weeks
☐3-6 months ☐More than 6 months ☐Other

If you selected "Other", please specify

Please describe your current symptoms, including how they started, any pain, weakness or altered sensation

Have you had these or similar problems in the past? If yes how long ago and how was your condition managed at the time?

Is your pain/problem getting

☐Better ☐Staying the same
☐Worse ☐Other

If you selected "Other", please specify

Please turn over to page three →

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About your current problem

Is your pain constant (present all the time with no relief)? Yes☐ No ☐

On a scale of 0-10 (with 0 being no pain and 10 being the worst pain you have experienced), how would you score your symptoms? Please circle as appropriate

Today	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐	10☐
At best	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐	10☐
At worse	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐	10☐

Have your recent symptoms affected your sleep pattern? Yes☐ No ☐

If so, how often is this occurring?

Are your day to day activities affected by your pain?

☐Not at all ☐Mildly

☐Moderately ☐Severely

Are you off work because of this problem? Yes☐ No ☐

If so, how long for?

Are you unable to care for someone because of this problem? Yes☐ No ☐

If so, please give detail

Please list any medication you are taking for this current problem (e.g. painkillers/ anti inflammatories)

Thank you for completing this form.

If you have not heard from us within 4 weeks please contact us on 01444 448664