**Musculoskeletal Physiotherapy Self-Referral Form**

The Musculoskeletal (MSK) physiotherapy service in the West-Berkshire region is for people **from 5 years of age and above** with musculoskeletal problems covering joint pains, soft-tissue injuries e.g. strains/ sprains, or sports related injuries. Advice for abdominal and pelvic floor muscle strengthening post-childbirth/ hysterectomy, pregnancy, associated lower back or sacropelvic dysfunction, etc.

**You can now refer yourself to a physiotherapy service directly instead of visiting your GP first**. If you do not wish to self-refer (i.e. owing to communication difficulties), or are under the age of 16, you can still be **referred via your GP or First contact physiotherapy practitioner**.

**How do you refer yourself to our MSK physiotherapy service?**

1) Please complete the MSK physiotherapy self-referral form and email to: admin.hsphysio@nhs.net . We will contact you to discuss your treatment plan or appointment options within 48 hours. If you meet the referral criteria your appointment will be booked within 1-2 working weeks based on the urgency of your condition.

2) You can contact us directly by telephone **on 03330147700,** and our care navigators will assist you to complete the form with you. Based on the information you consent to provide; similar waiting times will apply as discussed on point 1.

3) Please visit our website page for accessing a downloadable form from <https://www.hshealthgroup.co.uk/reading/> or use the following QR code that will take you directly to our webpage. Please send the completed self-referral form to: admin.hsphysio@nhs.net .

4) You can also complete the physical copy of this form by printing it or call us on 03330147700 to request for a form to be sent to your home address to be returned by post to (pre-paid envelope can be provided on request via a phone call or email):

**HS Health Group Limited,**

**Read House,**

**Gilbert Drive, Boston, PE21 7TQ**

**03330147700, admin.hsphysio@nhs.net**

**PLEASE NOTE: Referrals are only triaged during working hours, i.e. MONDAY–FRIDAY 0800-1700 (not including Bank Holidays)**

**Self-referral Criteria**

You must be over the age of 16 years to be able to self-referral into musculoskeletal physiotherapy service.

**Do not self-refer** and please consult with your **GP/A&E URGENTLY** if you have **recently or suddenly developed:**

• Difficulty passing urine or controlling bladder / bowels

• Numbness or tingling around your back passage or genitals

• Numbness, pins and needles or weakness in both legs

**PLEASE DISCUSS WITH YOUR GP/ FCP BEFORE SUBMITTING THIS REFERRAL IF YOU:**

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

**Other Exclusions:**

* Patients below of the age of 16 (please contact your GP/FCP for a referral)
* Patients requiring emergency treatment (immediate, serious and life threatening), please consult NHS 111 or your GP
* Patients who are housebound (in the short term or long term)
* Patients with respiratory, neurological conditions or post-amputation (requiring a specialist referral)

**Note:** The completed self-referral form will not be available on your GP medical record but on request, will be sent to your GP practice at the end of your treatment.  Your information will only be held within our secure data archiving system for 6 months complying with the GDPR and Information Governance regulations. For further information on your information and rights, please contact our Senior Information Risk Owner and Data Protection Officer, Mr. Hema Thota, hema.thota@nhs.net or Caldicott Guardian, Mrs. Dipika Khanal, dipika.khanal@nhs.net.

NB: Please complete all the mandatory sections marked as asterisk \*

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| **Disclaimers** |
| \*I, (Person named on this form), confirm that the information provided below is accurate to the best of my knowledge (Tick to confirm) |
| 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) |
| \*I confirm I have answered **NO** to all eligibility questions on the guidance page. (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 (dd/mm/yy):**  |

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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) |  |
| 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 |

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| **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**

The information you have provided will be evaluated by our triage team within 48 hours and you will receive an email (if provided with an email address) or a phone call to confirm acceptance of your referral request and your initial assessment appointment will be offered within 3 weeks. Alternatively, you may be signposted back to your GP.

If you have any concerns and haven't heard back from us within the specified duration, please contact us on 0333 014 7700 or send us an email to admin.hsphysio@nhs.net

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