

Please complete

How long have you had this complaint?
Days Weeks Months Years

Is the problem New Return of old problem

Are your symptoms worsening? Yes No

Are you able to carry out normal activities? Yes
No

Are you off work/unable to care for a dependant
because of this problem? Yes No N/A

If you have back pain with leg pain, have you had
any difficulties passing or controlling urine?
Yes No If yes, please give details

Have you suddenly lost any weight without trying?
Yes No If yes, please give details

Have you had any other symptoms, such as numb-
ness, tingling or muscle weakness?

Please complete

Please give a brief description of why you would like a
physiotherapy assessment.

I (print name).....

Confirm that the information provided above is correct to
the best of my knowledge. I give my consent to physio-
therapy assessment and treatment of my problem and
communication regarding the above.

Patient Signature:

Date:.....

Please return this form to the Physiotherapy
Department where you would like to receive treatment.

Ikeston Community Hospital
Heanor Road
Ilkeston
Derbyshire DE7 8LN

Long Eaton Health Centre
Midland Street
Long Eaton
Nottm NG10 1RY

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PHYSIO DIRECT
Patient Self Referral

ADULT
PHYSIOTHERAPY
OUTPATIENT
SERVICES

Telephone 01335 230079



What is Physiotherapy?

Physiotherapy aims to restore movement and function by treating injury, disease and disability. You are at the centre of this process taking an active part throughout your treatment.

Physiotherapy can be particularly beneficial if you are suffering from low back pain, neck pain, recent injuries such as strains, and sprains, joint and muscular pains.

Physiotherapists in our service are registered with the Health Professions Council and will use their specialist diagnostic and therapeutic skills to help you to address your physical problem.

How can I refer myself to Physiotherapy?

You can now see a physiotherapist without having to see your GP first.

You can self refer by:-

Phoning the number on the front of this leaflet.

- A staff member will take your details and information regarding your condition and will offer you an appointment with a physiotherapist.

OR

By completing the form attached to this leaflet.

- A physiotherapist will review the information you have provided and you will be offered an appointment.

Depending on the current demand for physiotherapy you may be placed on a waiting list.

If you have any concerns you should make an appointment with your GP.

Unfortunately, Self Referral is not available if you are under 16 years old or have a neurological, breathing or gynaecological problem.

What can I do to help myself in the meantime?

Many aches and pains settle down naturally and research has shown that resting for more than a day or two does not help, and may actually prolong pain and disability.

You may need to modify your activities initially, but the sooner you get back to normal activities the sooner you will feel better.

Getting stiff joints and muscles moving may be painful, but this is a normal response and not a sign of damage.

Changing your activity or position frequently throughout the day will help to prevent and reduce stiffness. Try to build up your general activity gradually.

PAIN KILLERS

Over the counter painkillers can be helpful. A pharmacist will be able to advise you on the appropriate medication.

If your symptoms continue to worsen you may wish to see your GP.

HEAT AND COLD

If you have an old injury, you may find that holding a hot water bottle wrapped in a towel on the affected area for 10 minutes reduces pain, whereas for a recent injury (hot and swollen) you can use a pack of frozen peas wrapped in a damp towel for 10 minutes.

NOTE: Be aware that heat and cold packs can burn the skin, and that you need to check every 5 minutes that your skin does not become red or blotchy. If this happens remove the pack.

To refer yourself to physiotherapy

please complete this form and return it to the Physiotherapy department.

Name:

Date of Birth:

Address:

Work telephone:

Home telephone:

Mobile telephone:

GP Name and Surgery

Do you require an interpreter? Yes No

If yes, which language?

Do you have any other special requirements?
Yes No

If yes, please specify.