

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

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) *

Exclusions/Eligibility

Have you received physiotherapy through the NHS in the last 6 months for the same musculoskeletal problem (Tick 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 of referral (dd/mm/yyyy) *: _____

Demographic Information *

Title: _____

First Name: _____

Surname: _____

GP Surgery Name: _____

NHS Number: _____

If your NHS number is unknown you can find this by:

- *Contacting your GP practice*
- *Accessing the NHS app*
- *Using 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 (Tick as appropriate)

- Telephone
- Email
- Post
- Other: _____

Accessibility

Do you need any help with accessing our service either for reading, understanding or mobility (Tick as appropriate)

YES (If Yes, please write what help is required below)

NO

Yes: _____

Do you need an interpreter (please bring a family member, or friend, to translate)? (Tick as appropriate)

YES (Please specify which language):

NO

Do you require a Female or Male Practitioner for your physiotherapy consultations? (Tick as appropriate)

Female

Male

No preference

Do you require a chaperone? (Tick as appropriate - a chaperone can be provided if you cannot bring a family member or friend)

YES

NO

Triage Questions

Have you had surgery in the last three months for the musculoskeletal problem you are referring for? (Tick as appropriate)

YES

If Yes, please state What Surgery: _____

If Yes, please state When and where did you have the Surgery: _____

NO

Are you off work or unable to continue caring for a dependant because of this problem (Tick as appropriate)

YES

NO

Clinical information

Has your GP or Consultant advised you to self-refer? (Tick 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?

Yes (If yes, please bring your report with you to your appointment if possible)

No

Are you currently taking any medication?

Yes (If yes, please bring your prescription list to your appointment if possible)

No

Please give a brief description of your problem, EG: pain, aches, location, has your GP/Consultant advised you to self-refer, any other details:

Thank you for submitting the self-referral form.

Thank you for submitting your self-referral form, you will be contacted within 3 working days.

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