

MSK Physiotherapy Referral Form PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES - INCOMPLETE FORMS WILL BE RETURNED

Name:	Today's Date:			
Date of Birth: Age:	GP Name:			
NHS Number:	GP Practice: Albion Medical Practice			
Address:	GP Telephone Number: 0161 214 8710			
	Do you require an interpreter? Yes□ No□			
Telephone: Mobile :	If yes, which language?			
Daytime :	(Please note family members are <u>not</u> able to interpret at your appointment, we will arrange an interpreter for you)			
Which body part do you require physiotherapy for?				
What are your symptoms in this body part?				
☐ Pain ☐ Pins and Needles	☐ Stiffness			
Other (please give details)				
How long have you had this problem?				
Have you had an injury or operation on this body par	rt?			
☐ Yes - injury ☐ Yes - operation	□ No			
If Yes, when?				
What happened/what operation did you have?				
Are you off work <u>now due to this problem?</u>	Yes ☐ No ☐ Not applicable			
If yes, how long have you been off work for?				
Are you struggling to care for a dependent due to thi	is problem? □ Yes □ No			
Have you seen your GP about this problem?	Yes □ No			
Have you had treatment for this problem before?	□ Yes □ No			
If yes:	Where			
☐ Consultant When	Where			
☐ Other (please state)	When			

Have you had any investigations for this problem?	
☐ Scan ☐ X- Ray ☐ Blood Tests ☐	Other (please state)
If so please include a copy of the results with this form. I	f you do not have this please bring a copy of the report
to your physiotherapy appointment (your GP should hav	e this).
Only answer this question if you have Low Back Pain.	
Do you have any difficulties passing or controlling urine?	☐ Yes ☐ No
If yes, what problem do you have with your bladder?	
How long have you had this?	Have you told your GP about this? ☐ Yes ☐ No
Have you lost weight in the last 3 months without trying	? □ Yes □ No
If yes, how much?	Have you told your GP about this? ☐ Yes ☐ No
Your Medical History – Please tick any that apply and give	ve details
☐ I have no medical problems	
Heart Problem	
□ Lung Problem	
□ Diabetes	
☐ Cancer	
□ Operations	
□ Allergies	
☐ Other medical conditions	
Please List Your Current Medication	
Medication	
This form has been completed by:	
☐ Myself ☐ GP ☐ Consultant	☐ Other (please state)
Where do you want to attend for Physiotherapy?	
☐ Ashton Primary Care Centre (193 Old Street, Ashton	
☐ Glossop Primary Care Centre (George Street, Glosso) ☐ Either of the above (I would like the shortest waiting	· ·
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PLEASE RETURN THIS FORM TO CENTRAL BOOKING AT :	- Crickets Lane Clinic
. 11. 32 NETONIT TINO LONG TO GENTINAL DOCKING AT	Crickets Lane
	Ashton Under Lyne
OR EMAIL TO :- tga-tr.comm	OL6 6NG unitycentralbooking@nhs.net
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PLEASE NOTE: We only accept referrals via email or post.					