

# Self-referral for Routine Out-patients Physiotherapy

If your problem requires urgent attention, is severe or getting worse, please seek more urgent medical attention e.g. your GP or NHS24 (08454 24 24 24).

<p><b>SURNAME</b> _____ <small>(Please use CAPITALS throughout)</small></p> <p><b>First name</b> _____</p> <p>Title      Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____</p> <p><b>ADDRESS</b> _____</p> <p>Postcode _____</p> <p>Tel 📞 Home _____</p> <p>Work _____</p> <p>Mobile _____</p>	<p>Date of birth    ___/___/___</p> <p>Today's Date    ___/___/___</p> <p>GP's name _____</p> <p>GP surgery _____</p> <p>GP address _____</p> <p>GP's Tel No. 📞 _____</p> <p>CHI number _____ <small>(on your medical card, or from your GP)</small></p>
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1. Which part of the body do you wish the physiotherapist to assess? \_\_\_\_\_
2. How long have you had this problem? \_\_\_\_\_
3. Why did this problem start? \_\_\_\_\_
4. Do you know what the problem is? Do have a diagnosis? \_\_\_\_\_
5. Have you had this problem before?    Yes    No    When? \_\_\_\_\_
6. Have you been to physiotherapy before? Yes    No    When? \_\_\_\_\_ Which clinic? \_\_\_\_\_
7. Have you been to a doctor or other health professional recently? Who? Why? \_\_\_\_\_
8. Where did you find out about that you can refer yourself to physiotherapy using this form?
 

<input type="checkbox"/> GP suggested	<input type="checkbox"/> Another health professional suggested	<input type="checkbox"/> A poster or leaflet
<input type="checkbox"/> Family or friend	<input type="checkbox"/> www.ecps.scot.nhs.uk website	<input type="checkbox"/> Other
9. Please let us know if you have any difficulty speaking English, or have any other needs \_\_\_\_\_

**Doctors:** Please provide further information. e.g. print-out of medical history, medications, recent tests.

All referrals using this form will be regarded as *routine*. To expedite an appointment, the **doctor** must state the reasons why this condition needs priority over others', including effects of this condition on activities of daily living, and current work status.

**Patient's signature** \_\_\_\_\_

**Office use**      Physiotherapist's name .....Signature.....

Date form received ..... Date of first appointment ..... Date Discharge letter sent .....

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Diagnostic Code	Outcome	D/C	Entered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis.....

SURNAME, Initial .....

## Information

- If you would like a out-patients physiotherapy assessment, please fill in this form.
- Then send, or give, the form to the clinic you wish to attend. Please send this to only one clinic.
- The physiotherapy clinic will then contact you to arrange an appointment.
- **Waiting times:** There are waiting times for physiotherapy in most clinics. Waiting times vary, but it can take several weeks. Information is available at each clinic, or at [www.ecps.scot.nhs.uk](http://www.ecps.scot.nhs.uk).
- We will inform your GP that you have attended physiotherapy.

**Home visits:** Can *only* be requested by your doctor.

**Neurological conditions:** Out-patient neurological physiotherapy is at Sighthill or Slateford clinics.

**Contenance:** Some clinics do not have private facilities. Your details will be sent to the nearest clinic.

**Collars, Wrist Splints, braces, Maternity Belts, Corsets etc:** Are NOT routinely provided.

Physiotherapy Departments		Tick <input checked="" type="checkbox"/>
<b><i>Please send or hand in this form to the clinic you wish to attend.</i></b>		
Craigroyston Health Clinic	Physiotherapy, Craigroyston Health Clinic, 1b Pennywell Road, Edinburgh EH4 4PH	
Gracemount Medical Centre ☎ 672 9460 (ansaphone states times for drop-in clinics)	Physiotherapy, Gracemount Medical Centre, 24 Gracemount Drive, Edinburgh EH16 6RN	<i>Drop in clinic. Please phone.</i>
Kirkliston Health Centre	Physiotherapy, Kirkliston Health Centre, 50 The Glebe, Kirkliston, EH29 9AS	
Leith Community Treatment Centre	Physiotherapy, Leith Community Treatment Centre, 12 Junction Place, Edinburgh EH6 5JA	
Mountcastle HealthCare Centre	Physiotherapy, Mountcastle HealthCare Centre, 132 Mountcastle Drive South, Edinburgh EH15 3LL	
Pentlands Health Centre	Physiotherapy, Pentlands Health Centre Pentland View, Currie, EH14 5QB	
Sighthill Health Centre	Physiotherapy, Sighthill Health Centre 380 Calder Road, Edinburgh EH11 4AU	
Slateford Medical Centre	Physiotherapy, Slateford Medical Centre, 27 Gorgie Park Close, EH14 1NQ	
South Queensferry Health Centre ☎ 537 4440 <i>either phone or send this form in</i>	Physiotherapy, South Queensferry Health Centre, 41 The Loan, South Queensferry, EH30 9HA	
Tollcross Health Centre	Physiotherapy, Tollcross Health Centre Ponton Street, Edinburgh EH3 9QQ	
Western General Hospital	Physiotherapy, Western General Hospital, Crewe Rd South, Edinburgh EH4 2XU	