

If you are **over 16** and have a **registered GP** in **Southampton or Portsmouth City** you are able to refer to the MSK Physiotherapy Service for a range of muscle and joint problems including back/neck pain, joint pain, strains and sprains.

Important information below, please read before you start to complete this Self Referral form.

Please consult your GP or NHS 111 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 before submitting this referral if you:

- Are feeling generally unwell/fever.
- Have any unexplained weight loss.
- Have a history of cancer.
- Have recently become unsteady on your feet.

Patient Demographics:

Forename:		Gender:	
Surname:		Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/>
Patients Address:		Email Address:	<input type="text"/>
		Postcode:	<input type="text"/>
Contact Tel N°:		NHS N°	<input type="text"/>
GP Practice Name:	<input type="text"/>	GP Surgery Address:	<input type="text"/>
Are you pregnant?	<input type="checkbox"/>	If yes, please state how many weeks pregnant	<input type="text"/> Weeks
Do you have any special requirements? (i.e. Interpreter/BSL)	<input type="checkbox"/>	If yes to special requirements, please supply further information:	

Please continue with questions on page 2

Referral Details – Please circle your answer

Please describe your current problem and symptoms below (including location of pain, swelling, stiffness, pins and needles, weakness etc).

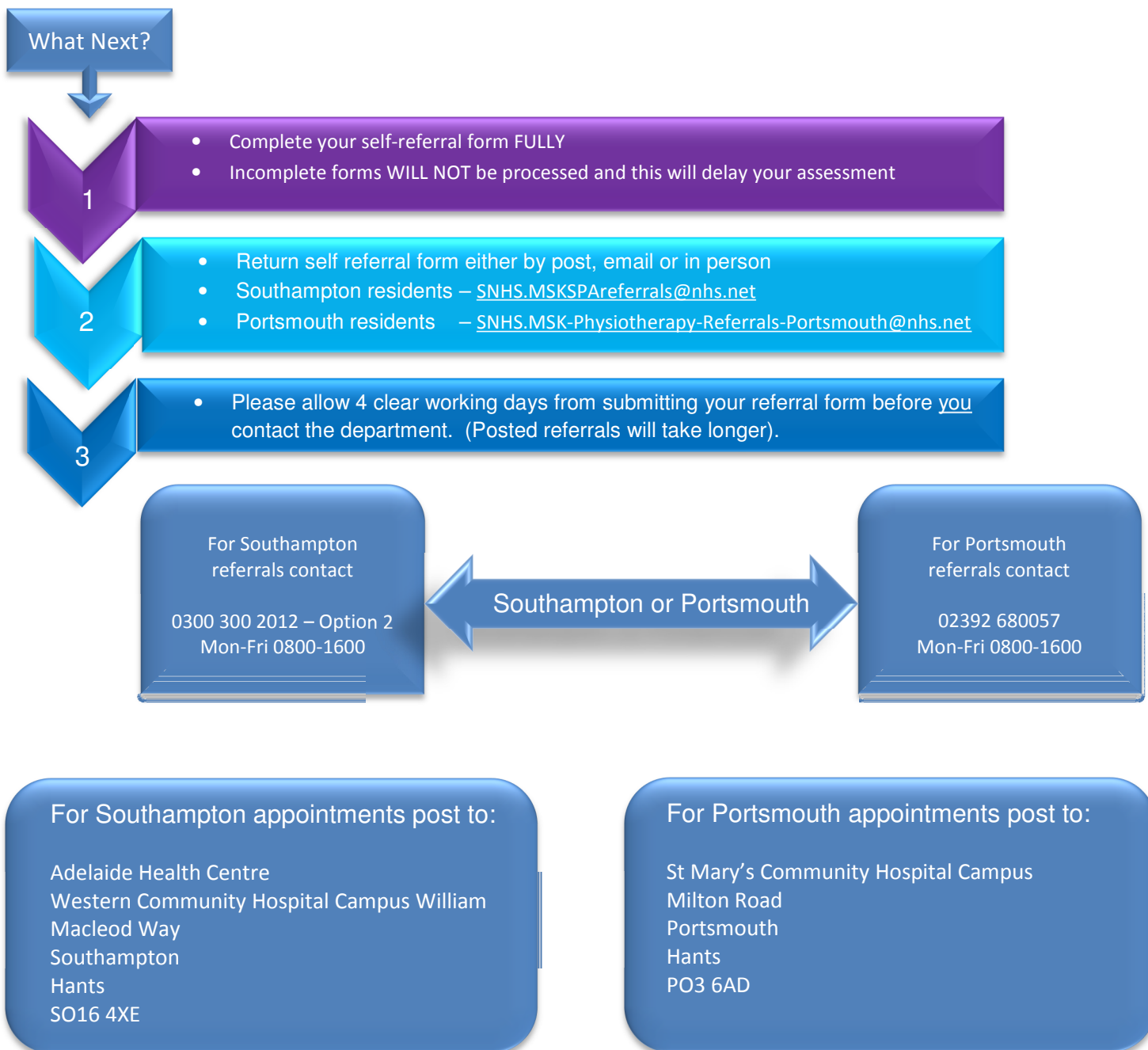
Is your pain there all of the time?	Yes	No	Do you wake up at night because of pain?	Yes	No	Some nights	Most Nights	Every Night
How long have you had this problem?	Days	Weeks	Months	Years	Is your problem getting?	Worse	Better	No Change
Have you had an X-Ray or any other tests for this problem?						Yes	No	
If yes to the above please give details								
Have you had Physio or other treatment for this problem?			Yes	No				
If yes to the above, please give details including approximate dates:								
Is this problem causing you to be absent from work?			Yes, days	Yes, weeks	Yes, months	No		
			Retired			Not applicable		
Are your day to day activities affected by your pain?			Not at all			Mildly		
			Moderately			Severely		

NB: if this referral is for back pain the following questions **must be answered or referral will be rejected:**

Is this referral for back pain ?			Yes	No					
If yes to the above, please complete STarTback questions (Q1-Q9) below:								Yes	No
1	My back pain has spread down my leg(s) at some time in the last two weeks							<input type="checkbox"/>	<input type="checkbox"/>
2	I have had pain in the shoulder or neck at some time in the last two weeks							<input type="checkbox"/>	<input type="checkbox"/>
3	I have only walked short distances because of my back pain							<input type="checkbox"/>	<input type="checkbox"/>
4	In the last two weeks, I have dressed more slowly than usual because of back pain							<input type="checkbox"/>	<input type="checkbox"/>
5	It's not really safe for a person with a condition like mine to be physically active							<input type="checkbox"/>	<input type="checkbox"/>
6	Worrying thoughts have been going through my mind a lot of the time							<input type="checkbox"/>	<input type="checkbox"/>
7	I feel that my back pain is terrible and it's never going to get any better							<input type="checkbox"/>	<input type="checkbox"/>
8	In general I have not enjoyed all the things I used to enjoy							<input type="checkbox"/>	<input type="checkbox"/>
9	Overall, how bothersome has your back pain been in the last two weeks ?								
Not at all		Slightly		Moderately		Very much		Extremely	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

It is recommended that you keep this sheet for your information

Unfortunately, this form is currently unable to be completed on a mobile device.



- Self Referrals can only be accepted from patients age 16 and over.
- If you do NOT contact the department within 2 weeks your referral will be discharged.
- Please be aware, we cannot be held responsible for the security of your email and its contents during transit. We can however, reassure you that once we have received the email we will store the information in a confidential, appropriate manner.