# MUSCULOSKELETAL SERVICES PATIENT REQUEST FORM



You can refer yourself for physiotherapy without visiting your GP first by filling in the form below

Please note: If you have any of the following, please see your GP before referring yourself:

- Changes in your bladder and bowel habits.
- A hot swollen joint.
- Constant severe pain and you are unable to find relief.
- Weakness, pins and needles, loss of feeling.
- History of cancer

\*WE CANNOT ACCEPT A SELF REFERRAL IF YOU ARE UNDER 16 YEARS OF AGE. YOU WILL NEED TO BE REFERRED BY YOUR GP.

YOUR DETAILS	YOUR DOCTOR'S DETAILS	
Name:	Doctors Name:	
Address:	Surgery:	
Postcode  Date of birth*//  Gender:  Tel No. Home:	Doctors Tel No	
Which area of your body are you requesting physiotherapy for?	Have you had NHS physiotherapy for this problem in the last 12 months? Yes / No  Did it help? Yes / No	
What are your main symptoms? (For example pain/ aching/ stiffness/ swelling)	Have you had any recent investigations for this condition? Please specify (For example blood tests, x-rays)	
How long have you had this problem for?	Please add any other details you think that we need to be aware of	

Do you consider yourself to have a disability? Yes/ No	Do you require an interpreter? Yes/ No
What type of disability do you have?	If yes, which language do you require?

Signed (your signature)	Date
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#### **GUIDANCE**

Complete the sections above and send your referral form to the **address below** or take it into the **Physiotherapy Department** at Whiston, St Helens or Newton Hospital. Hours of opening Monday - Friday, 8:30am – 5:00pm.

# Who is eligible?

Anyone over 16 years old with a St Helens GP who has neck, back or other joint symptoms. This
may include discomfort or pain in joints, muscles or ligaments

# What happens once the form has been received by us?

- Your referral form will be looked at by one of the physiotherapists within three working days and we will decide whether we may be able to help your condition.
- You will be offered an appointment either face to face or via our Physio Direct telephone service.
- If we are unable to help you we will contact you either by telephone or post and advise that you visit your GP for treatment.

### How long will I wait to hear from you?

• If you have not heard anything after two weeks of sending your referral form, please contact us and we will chase this up for you.

Please return to: MSK First Appointments Office

Therapy Suite, Lower Ground Floor

Yellow Zone

St Helens Hospital Marshalls Cross Road

St Helens WA9 3DA

**Tel:** 0151 430 1060

# You will find useful information and advice to help you manage your condition on our website: www.nwbh.nhs.uk/msk-physio

#### Declaration

As part of providing you with direct care, the Trust may have to share your information with other partner organisations. To find out more information about this, please refer to the Trust's Privacy Policy. By submitting this form, I agree to the Trust contacting me using the details given above. I understand that the Trust will:

- Securely store the information relating to my referral (and subsequent care, where applicable) in paper and/or electronic format,
- Keep the records for as long as required in the Records Management Code of Practice for Health and Social Care 2016 (or for longer if it is appropriate), and
- Confidentially destroy records when necessary