

## Physiotherapy Patient Self-Referral Form

Patient and GP Details	
NHS No	Address
Title	
Forename	Post Code
Surname	Date of Birth
Tel Home	Occupation
Tel Work	GP Name
Tel Mobile	GP Surgery
Is it ok to leave messages on... Home: <input type="checkbox"/> Y / N <input type="checkbox"/> Work: <input type="checkbox"/> Y / N <input type="checkbox"/> Mobile: <input type="checkbox"/> Y / N <input type="checkbox"/>	

Referral Details	
<b>Reason for referral?</b> (eg. Back pain): (Please note only one problem can be treated per referral)	
How long have you had this problem?	
Are you signed off sick for the problem?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
If so, how long have you been off sick?	
Have you had physiotherapy for this problem before?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
If yes, how long ago?	
How disruptive are the symptoms for your daily living? <i>*Mark appropriately</i>	<input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal
How is it progressing?	<input type="checkbox"/> Improving <input type="checkbox"/> Same <input type="checkbox"/> Worse
Does this problem wake you every night?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Have you seen your GP about this problem?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
If yes, did your GP advise you to see a physiotherapist?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
<b>For back pain referral</b> , do you currently have leg pain?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
If yes, have you had any difficulties passing or controlling urine since onset of back problem? <b>(If yes, contact your GP immediately)</b>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Have you had any other leg symptoms such as numbness, tingling or significant muscle weakness?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
If yes, is it in both legs?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Have you suddenly lost any weight without trying?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
If yes, please give details:	

Please return the form in to the physiotherapy department as soon as possible. Upon receipt of the completed form, it will be prioritised by a physiotherapist who will contact you to make an appointment. Meanwhile we request your detailed medical summary from your GP (**signing this form indicates your consent for us to do this**) hence it is mandatory to put your details correctly, including the NHS Number if you know it.

I agree that the information that I have provided is accurate and can be shared with my GP and other health care professionals.

**Signature:**

**Date:**



All Hallows Physiotherapy Department services are commissioned by NHS Great Yarmouth and Waveney therefore patients registered with the following GP surgeries can be treated by us on the NHS.

### **Bradwell, Gorleston & Hopton**

Central Healthcare Centre  
Falkland Surgery  
Gorleston Medical Centre  
Hopton Surgery  
Millwood Surgery

### **Great Yarmouth & Surrounding Area**

East Norfolk Medical Practice

- Caister Health Centre
- Newtown Surgery
- The Lighthouse Medical Centre

Coastal Village Practices

- Hemsby Medical Centre
- Martham Health Centre
- North Caister Medical Centre
- Ormesby Surgery

Fleggburgh Surgery  
Nelson Medical Centre  
Park Surgery

### **Lowestoft, Oulton Broad & Kessingland**

Alexandra Road Surgery  
Andaman Surgery  
Bridge Road Surgery  
Crestview Surgery  
High Street Surgery  
Kirkley Mill Health Centre  
Longshore Surgeries – (Inc. Wrentham)  
Rosedale Surgery  
Victoria Road Surgery

### **Waveney Valley & Reydon**

Beccles Medical Centre  
Bungay Medical Centre  
Cutlers Hill Surgery  
Sole Bay Health Centre

**Patients out of the area** are welcome too however they will have to pay for their treatment. For further information visit [www.all-hallows.org.uk](http://www.all-hallows.org.uk)

The Department is committed to providing the highest possible standard of physiotherapy care to all patients and provides clinic based physiotherapy for the following conditions:

- Neck and Shoulder pain including whiplash
- Back pain
- Upper and lower limb problems, including shoulder, elbow, wrist, hand, pelvis, hip, knee, ankle and foot
- Post-surgical rehabilitation e.g. joint replacement, arthroscopy and revision
- Traumatic injuries
- Arthritis and other degenerative conditions
- Sports injuries
- Antenatal and postnatal problems

We have four private treatment rooms and a fully equipped gym.

Our Physiotherapists may use a combination of manual therapy (mobilisation & manipulation), exercise therapy and electrotherapy (ultrasound, TENS). Acupuncture treatment can be provided if your physiotherapist feels it is appropriate.

### **Opening Times**

Monday & Thursday open from 8.00am  
Tuesday, Wednesday & Friday open until 6.00pm  
except for Bank Holidays

### **Waiting Times**

Routine problems are usually seen within four weeks however we also offer urgent appointments where necessary.

There are **free parking** facilities and the department is within walking distance from a main bus route. There is a community car service 'BACT' covering the local area.

Physiotherapy Department, Station Road, Ditchingham, Bungay, Suffolk. NR35 2QL

Tel: 01986 892728 | [physio@all-hallows.org.uk](mailto:physio@all-hallows.org.uk)

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