

GHC Staff Musculoskeletal Physiotherapy Self-Referral Form

Prior to completing this self-referral form please be advised that:

In some instances the physiotherapist that you are seen by may contact your GP practice to ask for relevant information about your medical history. If you do not want your GP practice to be contacted in this way please make this very clear to the person you see at your appointment.

Are you an employee of Gloucestershire Health and Care NHS Foundation Trust? Yes No

What is your Occupation?

Where is your place of work?

“Line managers may request to know about appointment times and attendance which fall within your contracted work hours. Whilst they are entitled to this information, no details of your clinical condition or treatment will be disclosed without your prior permission.”

Name

Address

Postcode:

Date of Birth

Mobile Phone

Home Phone

Work Phone

Preferred Method of Contact: Mobile Phone Home Phone Work Phone

Email

GP Surgery

G.P's Name

Are you currently signed off work as a result of this problem? Yes No

Is this problem impacting your ability to perform your required job role? Yes No

Can you identify up to 3 work related activities affected by this problem:

- 1.
- 2.
- 3.

Are you pregnant? Yes No Not applicable

Have you recently had surgery for this problem: Yes No

Date of surgery

Please write the body part that is affected and give a brief description of your problem.

How long have you had the problem for?

1 week Less than 6 weeks More than 6 weeks More than 3 months

Is the problem getting? Better Worse Staying the Same

Does this problem wake you up from your sleep? Yes No Sometimes

If yes, are you able to return to sleep? Yes No Sometimes

Due to the current government social distancing measures and Trust policy regarding face to face contact, unless absolutely necessary you will be offered a telephone consultation for assessment and advice.