



Physiotherapy Self-Referral

Refer yourself directly to physiotherapy

The MSK Service is suitable for low back pain, neck pain, recent strains and sprains, joint and muscle pain.

Don't use this form if:

1. You are a patient under 16.
2. You are a Clinician.
3. You are being cared for by the Pain Service. If you are, contact the service directly on 0300 083 0000 option 1.

If you experience any of the below, please see your GP before self-referring:

1. Have recently become unsteady on your feet
2. Are feeling generally unwell or have a fever
3. Have any unexplained weight loss
4. Have a history of cancer

Urgently Consult your GP or NHS 24 (by calling 111) if you have recently/ suddenly developed the following symptoms - DO NOT self-refer with these symptoms:

1. Difficulty passing urine or controlling bladder/bowels
2. Numbness or tingling around your back passage or genitals
3. Numbness, pins and needles or weakness in both legs

Please try the advice on our website:

[MSK Together Partnership - Sherwood Forest Hospitals \(sfh-tr.nhs.uk\)](https://sfh-tr.nhs.uk)

Name: _____ Date of Birth: _____ ☐ Male ☐ Female

Address: _____

Postcode: _____

Telephone (home): _____ Telephone (mobile): _____

Email address: _____

Do you consent to receiving text messages? ☐ Yes ☐ No

Do you consent to sharing your electronic health record with the MSK service? ☐ Yes ☐ No

Do you consent to receiving emails from us? ☐ Yes ☐ No

GP Name: _____ GP Surgery: _____

Signature: _____ Date: _____

How do your current problems affect you (on average) over the course of a week?

Are your day to day activities affected by your symptoms?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely

Are your symptoms disturbing your sleep?

☐ No ☐ Yes, difficulty getting to sleep
☐ Yes woken up from sleep ☐ Yes, unable to sleep at all

If you are in pain, how would you describe it?

☐ Mild ☐ Moderate ☐ Severe

How long have you had your current problem?

☐ Less than 2 weeks ☐ 2-6 weeks ☐ 7-12 weeks
If more than 12 weeks, how many? _____

Have you had physiotherapy for this before?

☐ Yes ☐ No If Yes, how long ago? _____
Did it help? ☐ Yes ☐ No

Did your problem start:

☐ Gradually ☐ Suddenly ☐ As a result of injury

Are your symptoms:

☐ Improving ☐ Worsening ☐ Staying the same

Is your current problem stopping you from doing any of the following:

Work: ☐ Yes ☐ No

Playing sport: ☐ Yes ☐ No

Driving: ☐ Yes ☐ No

Caring for a dependent:

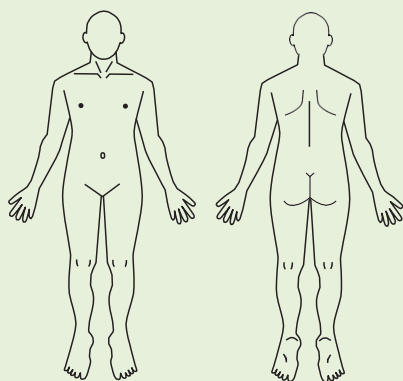
☐ Yes ☐ No

Are you a wheelchair user or do you have any other mobility issues?

☐ Yes ☐ No

If you have answered yes to anything on the list, please give details below:

Please mark on the body diagram (with an X) where your main problem is and where you are having symptoms



Please describe your current problem and symptoms below:

Physiotherapy is provided at clinics listed below. Please tick where you may wish to be treated.

- ☐ Ashfield Health and Wellbeing Centre
- ☐ Newark Hospital
- ☐ Collingham Medical Centre
- ☐ Mansfield Community Hospital
- ☐ King's Mill Hospital Mansfield

Please post, email or deliver in person to:

MSK Physiotherapy Department
Ashfield Health & Wellbeing Centre
Portland Street
Kirkby in Ashfield
NG17 7AE

mskreferralhub-admin@nottshc.nhs.uk

Or return it to the receptionist at your GP practice