

## Adult MSK Physiotherapy Self Referral Information



**Musculoskeletal (MSK) physiotherapy** involves the assessment and treatment of muscles, tendons, ligaments, bones, joints, nerves and other structures in order to:

- improve your movement and strength
- help you to do more of your normal activities
- help you to understand and manage your condition.

**Treatment is likely to include an exercise program specific to your needs.**

**MSK Physiotherapy may not help if you:**

- have had physiotherapy treatment for the same condition within the past year.
- are referring yourself for widespread aches and pains.
- have previously attended the Pain Clinic for the same condition.

**We are unable to accept a self referral if:**

- you are not registered with a GP within NHS Greater Glasgow and Clyde.
- your condition is due to a fracture or break within the past 3 months. We need a referral from your hospital clinic to make sure physiotherapy is appropriate.
- you have had surgery for this condition within the past 3 months. We need a referral from your hospital clinic to make sure physiotherapy is appropriate.
- you have attended Accident and Emergency or Minor Injuries Unit within the past 2 weeks for your condition. We need a referral from your hospital clinic.
- you require a home visit. Please ask your GP to refer you to Community Rehab Services.
- you are under **14** years old. Please ask your GP to refer you to Children's Services.

**Please complete the self referral form and submit by post or by hand to your nearest Physiotherapy department.**

**[www.nhsggc.org.uk/your-health/health-services/msk-physiotherapy/](http://www.nhsggc.org.uk/your-health/health-services/msk-physiotherapy/) for details.**

We will add your referral to the waiting list. When you reach the top of the waiting list we will send you a letter asking you to contact our booking centre to arrange an appointment.

**Please note:**

- incomplete referrals will be returned for completion.
- if your referral is not appropriate for our service we will send you a letter to tell you.
- we do not send out letters acknowledging that we have received your referral.

**Information to help you manage your condition is available at: [www.nhsinform.scot/msk](http://www.nhsinform.scot/msk)**

**Adult MSK Physiotherapy Self Referral Form** For Office use only: CHI: \_\_\_\_\_

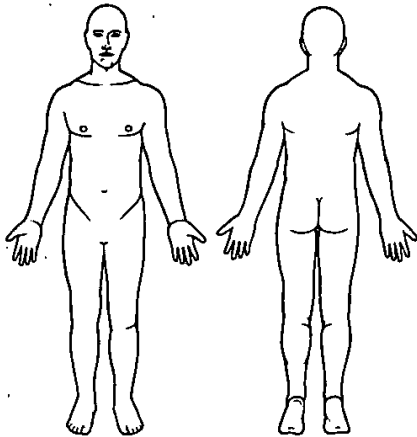
<p>Please consult your <b>GP URGENTLY</b> or <b>NHS 24</b> on telephone number: <b>111</b> if you have <b>recently or suddenly</b> developed:</p> <ul style="list-style-type: none"> <li>• difficulty passing urine or controlling bladder / bowels</li> <li>• numbness or tingling around your back passage or genitals</li> <li>• numbness, pins and needles or weakness in <b>both</b> legs</li> </ul>	<p>Please inform your GP of this referral if you:</p> <ul style="list-style-type: none"> <li>• have recently become unsteady on your feet</li> <li>• are feeling generally unwell / fever</li> <li>• have a history of cancer</li> <li>• have any unexplained weight loss</li> </ul>
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Please refer to guidance on the front of this form and complete questions in black ink.

Date	Name	
Address		
Post Code	<input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth	Occupation	
Telephone	(home)	(work) (mobile)
GP Name	GP Address	

Do you have any special requirements? (e.g. interpreter) No  Yes

Please mark on the diagram the location of your problem:



Please briefly describe your current problem:

Is this problem new?  Yes  No

Is your problem due to a recent fall or injury?  Yes  No

Have you attended MSK Physiotherapy in the past 12 months for this problem?  Yes  No

Please tick any clinics you have attended for this problem  
 Pain  Rheumatology  Orthopaedics  
 Other please state: \_\_\_\_\_

Tick one box only for each question

How long have you had your current problem?  
 Less than 2 weeks  6-12 weeks  more than 12 weeks Please state how long: \_\_\_\_\_

Is your problem getting?  Worse  Better  Not changing

If in pain, how would you describe it?  Mild  Moderate  Severe

If in pain, does it come and go?  No  Yes

Is pain disturbing your sleep?  No  Yes, woken up from sleep  Yes, unable to sleep at all

Are your day to day activities affected by your problem?  
 Not at all  Mildly  Moderately  Severely

Are you off work because of this problem?  No  Yes If yes, how long: \_\_\_\_\_  N/A

Are you a Carer and unable to provide care because of this problem?  No  Yes

Is your problem from an injury sustained during active military service?  No  Yes