SELF-REFERRAL FOR PHYSIOTHERAPY FOR CLIENTS WITH BLADDER PROBLEMS

Instructions and information are overleaf.

If you are passing blood in your urine or feel you have a urine infection, please see your GP and do not use this form.

SURNAME ____________________________________ Date of birth __/__/____

First name ____________________________________ Today’s Date __/__/____

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Male ☐ Female ☐ Other ☐

ADDRESS ____________________________________

______________________________

Postcode ________________________

Tel ☏ Home ____________________________ CHI number (on your medical card, or from your GP)

Work ___________ Mob ___________

1. Do you have any of the following problems?

☐ Leakage of urine when you cough, laugh or sneeze

☐ Leakage of urine when you exercise

☐ A constant small dribble of urine

☐ Leakage of urine during sex

2. Do you have any of the following bladder problems?

☐ Strong, sudden need to pass urine perhaps when you put your key in the door or when washing dishes

☐ Sometimes leaking before you get to the toilet

☐ Are you always asking “where are the toilets?”

☐ Do you often pass only small amounts of urine when you go to the toilet?

3. How long have you had this problem? ________________________________

4. Have you been to physiotherapy before? ☐ Yes ☐ No When? ___________

5. Have you been to a GP or other Health Professional for this problem? ☐ Yes ☐ No

Please let us know if you have any difficulty speaking English, or have any other needs.

Patient’s signature ________________________________
Information

- If you would like a routine physiotherapy appointment for your bladder problems, please fill in this form.
- Then send, or give, the form to the clinic you wish to attend.
- The physiotherapy clinic will then contact you to arrange an appointment.
- **Waiting times:** there are waiting times for physiotherapy in most clinics. They vary, but it can take several weeks.
- We will inform your GP that you have attended physiotherapy.

<table>
<thead>
<tr>
<th>Physiotherapy Department that you wish to attend</th>
<th>Tick</th>
</tr>
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<tbody>
<tr>
<td>Leith Community Treatment Centre</td>
<td>Physiotherapy, Leith Community Treatment Centre, 12 Junction Place, EH6 5JA</td>
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<tr>
<td>Slateford Medical Centre</td>
<td>Physiotherapy, Slateford Medical Centre, 27 Gorgie park Close, EH14 1NQ</td>
</tr>
<tr>
<td>South Queensferry Health Centre</td>
<td>Physiotherapy, South Queensferry Health Centre, 41 The Loan, South Queensferry, EH30 9HA</td>
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<tr>
<td>Tollcross Health Centre</td>
<td>Physiotherapy, Tollcross Health Centre Ponton Street, EH3 9QQ</td>
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<tr>
<td>Craigroyston Health Clinic</td>
<td>Physiotherapy, Craigroyston Health Clinic, 1b Pennywell Road, EH4 4PH</td>
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