

**Adult Self-Referral Form for Walking Aid Assessment at Physiotherapy**

**(Instructions and Information are overleaf)**

**Our waiting lists do vary and you may wait several weeks for an appointment. If you have a problem that requires urgent attention – please seek medical advice from your GP or NHS 24 (111).**

**\*This form is for walking aids only\***

|  |  |
| --- | --- |
| **Surname** Click here to enter text. | **Today’s Date** Click here to enter a date. |
| **First Name**  | **Date of Birth** Click here to enter a date. |
| **[ ]  Mr** **[ ]  Mrs** **[ ]  Miss** **[ ]  Ms** **[ ]  Other** **[ ]**  | **Postcode** Click here to enter text. |
| **Address**Click here to enter text. | **Tel: Home** **Mob** Click here to enter text. |
| **GP Practice** Click here to enter text. | **Name of next of kin/carer** Click here to enter text.**Tel** Click here to enter text. |
| **Are you able to attend an Out-patient appointment at Slateford Medical Centre or Leith Community Treatment Centre for this assessment?** **NO** |
| **Do you have an existing walking aid? (please specify) yes – looking for narrow WZF** |
| **Reason for referral (please tick the type of walking aid required):** |
| **Walking stick** | **[ ]**  |
| **Indoor walking aid** | **[x]**  |
| **Outdoor walking aid** | **[ ]**  |
| **Other (please specify)** | **[ ]**  |
| ***If you have a walking aid which is broken/faulty; which was provided by The Edinburgh Community Equipment Stores, within the past 18 months, please contact them directly on 0131 529 6300 to arrange a replacement. If you require a wheelchair assessment, please speak with your GP.*** |
| **List any medical condition** | **List of medications** |
| **Are you currently being seen by your GP or another health professional? If yes, whom?** |
| **Please let us know if you have any difficulty speaking English or have other needs****No**Click here to enter text. |

**If you require a referral to Physiotherapy please contact your GP. Alternatively, if you are able to attend an out-patient clinic, you can access the relevant information from:** <http://www.nhslothian.scot.nhs.uk/Services/A-Z/ECPS/Pages/SelfReferral.aspx>

**Information and instructions**

* This form is for people who would like to be assessed for a walking aid.
* We will contact you to arrange an appointment to assess you for a walking aid.
* We will consider what matters to you and what you will use a walking aid for so that you can safely enjoy using it.

Please email or send your completed form to:

**ecps.physioathome@nhslothian.scot.nhs.uk**

**Physio @ Home**

**Allermuir Health Centre**

**165 Colinton Mains Drive**

**Edinburgh**

**EH13 9AF**

**0131 3122160**