

Self Referral to Physiotherapy for Women with Incontinence, Prolapse or Pelvic Floor Dysfunction



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.

Information

If your problem is urgent, severe or getting worse, contact your GP or NHS24 (111)

- **If you have any of these symptoms, since this problem started you must contact your GP directly**
 - Blood in your urine
 - Pain in your bladder
 - Unable to pass urine
 - Unexpected vaginal bleeding

Information and Instructions

1. This form is to request a **ROUTINE** out-patients continence and pelvic health physiotherapy appointment only.
If you consider your problem to be urgent you must get a referral from your GP.
2. We can only accept referrals from patients who are registered with a GP Practice in **Edinburgh** (If you are unsure please ask your GP practice)
3. You must be aged 16 or over to use the self referral service
4. We will inform your GP that you have attended physiotherapy

Musculoskeletal problems and walking aids: Please use the separate referral forms which can be found on our self-referral page: <https://services.nhslothian.scot/ecps/Pages/SelfReferral.aspx>

- **Please post your completed form to:** Physiotherapy Department,
 - Leith Community Treatment Centre,
 - 12 Junction Place, Edinburgh, EH6 5JA.

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 call us to arrange an appointment.

If your referral is not suitable for our service we will contact you to let you know.

Sources of information:

www.ecps.scot.nhs.uk

www.nhsinform.scot.nhs



Only adults (16+)
can self-refer

SURNAME _____
(Please use CAPITALS throughout)

Date of birth ____/____/____

First name _____

Today's Date ____/____/____

Title Mr Mrs Miss Ms Other ____
Male Female Other

GP's name _____

GP surgery _____

ADDRESS _____

GP address _____

GP's Tel No. ☎ _____

Postcode _____

CHI number _____
(on your medical card, or from your GP)

Tel ☎ Home _____

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. Do you experience any of the following?

- Pain with intercourse?
- Pain using a tampon?
- Unexplained pain in the pelvic floor area?

4. Do you have a feeling of something coming down, a lump or bulge or a dragging feeling in the vagina?

Yes No

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 _____