West Lothian Health & Social Care Partnership
www.westlothianhscp.org.uk
NHS Lothian
West Lothian Council

Official use only
Date Received:

Physiotherapy Self-Referral Form

Sources of information, advice and exercise:
www.nhsinform.scot.nhs.uk
West Lothian – Musculoskeletal Physiotherapy

If your problem is urgent, severe, or getting worse, contact your GP or NHS24 (Phone 111)
If you have *any* of these symptoms, since this problem started, then you *must* consult your GP.

- Dizziness
- Blurred vision
- Swallowing problems
- Speech impairment
- History of cancer
- Fainting
- Bowel/bladder problems
- Reduced or altered sensation in your groin, genitals or back passage area
- Weakness in both legs
- Unexplained weight loss

Information and Instructions

1. This form is to request a **ROUTINE** out-patients 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 from GP Practices registered in **West Lothian**.
   (If you are unsure please ask your GP Practice.)

3. We will contact your GP for your medical details.

4. We will inform your GP that you have attended physiotherapy.

5. If you would like to send the form electronically, please **save the form as a PDF**, attach and send it via email to **loth.WLPhysioSelfReferral@nhs.scot.**

   - By doing this you consent to provide your personal information to a NHS email address
   - **If you do not receive an auto-response advising that we have received your email, please print and send via post**

Home visits: Can *only* be arranged by the GP.

Continence problems: Can *only* be arranged by the GP.

Walking Aids: Please use a separate referral form which you can pick up from the Community Reception Desk at your Health Centre, your GP Practice, or the Physiotherapy Reception Desk at St John's Hospital.

Collars, Wrist Splints, Knee braces, Maternity Belts etc cannot be provided.

Please complete this form as fully as you can (If completing by hand please use BLOCK CAPITALS), then:

Either:

1) **Save as a PDF**, attach and send it via email to **loth.WLPhysioSelfReferral@nhs.scot**
2) Print and hand it into your GP surgery.

OR:

3) Print and post it to: Physiotherapy Self-Referral,
   Physiotherapy Department,
   St John's Hospital at Howden,
   Howden Road West
   Livingston, EH54 6PP

We will add your referral to the waiting list. You will receive a letter asking you to contact us to arrange an appointment. If your referral is not suitable for our service, we will contact you to let you know.

Today's Date	
Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐	
Surname	Forename
Date of birth	
Address	Postcode
Tel ☎Home ☎Mobile *(Please give a daytime number – we may contact you by phone or post)*	Can we leave a voice message? Yes ☐ No ☐
GP Practice	Is your GP aware of this problem? Yes ☐ No ☐

OBJ

Please tell us about your concern by selecting the appropriate answers;

1. Where is your main problem area? Neck ☐ Neck and arm pain ☐ Shoulder ☐ Elbow ☐ Wrist/Hand ☐ Lower back ☐ Lower back and leg pain ☐ Hip/groin ☐ Knee ☐ Foot/Ankle ☐ Other (Please specify)
2. Briefly describe your problem (eg pain, weakness, numbness)
3. How long have you had this problem? Less than 6 weeks ☐ 6 – 12 weeks ☐ More than 12 weeks ☐ *If more than 12 weeks, please state how long*
4. Why did this problem start? Accident or injury ☐ Gradual ☐ Overuse ☐ No reason ☐
5. Have you had this problem before? Yes ☐ No ☐
6. Is this problem Improving? ☐ Not changing? ☐ Worsening? ☐
7. Is this problem disturbing your sleep? Yes ☐ No ☐ If yes, how often?
8. Are you off work because of this problem? Yes ☐ No ☐ If yes, how long for?
9. Are you unable to care for someone because of this problem? Yes ☐ No ☐
10. Please tell us if you have any difficulty speaking English or require an interpreter (if 'yes' which language) or have any other needs, e.g. visual or hearing impairment.