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| Official use only  Date Received: |

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

**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\***

**Information and instructions**

1. This form is for people who would like to be assessed for a walking aid.
2. We will contact you to discuss and assess you for a walking aid.

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

**Either:**

1. Save the form as a PDF, attach, and send to [**loth.WLPhysioSelfReferral@nhs.scot**](mailto:loth.WLPhysioSelfReferral@nhs.scot)*(By doing this you consent to provide your personal information to a NHS email address.)*
2. Hand it in to your GP Surgery

OR

1. Post it to:

Physiotherapy Self-referral

Physiotherapy department,

St John’s Hospital,

Howden Road West,

Livingston,

EH54 6PP

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| **Name** |  | | | | **Today’s Date** | | |  | |
| **Title** | **Mr  Mrs  Miss  Ms**  **Other** | | | | **Date of Birth** | | |  | |
| **Address** |  | | **Home telephone number** | | |  | | | |
| **Postcode** |  | | **Mobile telephone number** | | |  | | | |
| **GP Practice** |  | | | | | | | | |
| **Do you have an existing walking aid?** | | Yes  / No | | | | **Details:** | | | |
| **Reason for referral** | | | | | | | | | |
| **GP/Healthcare Staff advised** | | | | | | | | |  |
| **Replace lost walking aid** | | | | | | | | |  |
| **Other**  Details: | | | | | | | | |  |
| ***If you have a walking aid which is broken/faulty which was provided by West Lothian Community Equipment Stores, please contact them directly on 01506 523335 to arrange a replacement.***  ***If you require a wheelchair assessment, please speak with your GP.*** | | | | | | | | | |
| **Are you currently being seen by your GP or another health professional?** | | | | Yes  / No | | | **Details:** | | |
| **Please let us know if you have any difficulty speaking English or have other needs** | | | | | | | | | |