

## Antenatal and Postnatal Physiotherapy Self referral Form

**Please contact your GP urgently or NHS 24 on telephone number 111**

If you have recently or suddenly developed :

- Difficulty passing urine or controlling your bladder or bowel
- Numbness or tingling around your back or front passage

**Please contact your obstetric triage**

If you have any of the following:

- Vaginal bleeding
- Vaginal fluid loss
- Reduced baby movement
- Your baby is not moving normally

Please use this form to request physiotherapy contact during your pregnancy until you are 3 months after the birth of your baby.

We can only accept referrals from patients who are registered with a GP practice in **West Lothian**. If you are unsure please ask your GP practice.

The specialist pelvic and obstetric physiotherapy team can treat

- Antenatal and postnatal back and pelvic pain
- Hand numbness/pins and needles
- Antenatal and postnatal stretching between the abdominal muscles
- Pelvic floor muscle problems
- Urine incontinence
- Vaginal prolapse

They can also provide specific advice in pregnancy if you have pre-existing back pain. Normally advice will initially be offered in a class setting, however one to one appointments are available if required or indicated

Name		CHI number or Date of Birth	
Your address		GP Practice	
Preferred telephone no		May we leave a voicemail?	Yes / No
Today's date			

**For antenatal problems – please complete**

How many weeks pregnant are you?		weeks
When is your baby due?		
Have you attended the physiotherapy antenatal class?	Yes/No	If yes, when?

We ask that you have read our 'Care of the Body in Pregnancy' NHS Lothian leaflet and watched the video with the same title. The leaflet and link to video can be found in the pack your midwife gave you at your booking appointment. Please try self-help advice for 2 weeks prior to completing this form.

**For postnatal problems – please complete**

When did you give birth?	
What sort of birth did you have? E.g.: vaginal, forceps, breech, stitches etc	

**Please tick the symptoms you have for both antenatal and postnatal referrals**

- |  |  |
|--|--|
| <input type="checkbox"/> signed off work due to pain   | <input type="checkbox"/> numbness elsewhere                                      |
| <input type="checkbox"/> unable to care for children or undertake your day to day activities | <input type="checkbox"/> low back pain   |
| <input type="checkbox"/> pain around your pelvis   | <input type="checkbox"/> leg pain  |
| <input type="checkbox"/> difficulty controlling your bladder                                 | <input type="checkbox"/> heaviness or dragging around your vagina ( postnatally) |
| <input type="checkbox"/> unable to walk due to pain  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> pain in the ribs or between your shoulder blades                    | _____  |
| <input type="checkbox"/> numbness or tingling in your fingers                                |  |
| <input type="checkbox"/> my sleep is disrupted by pain                                       |  |

**Pre-existing problems or other useful information**

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**Please tell us if attending a group would be difficult for you because of communication difficulties e.g., poor hearing, limited English etc.**

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**Please complete this form as fully as you can then either:**

1) Save as a PDF, attach and send it via email to [loth.WLPhysioSelfReferral@nhs.scot](mailto:loth.WLPhysioSelfReferral@nhs.scot)

Or

2) Print, complete and hand it into the physiotherapy reception at St. John's Hospital or send completed form in a stamped addressed envelope 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.

**For Admin Only – date referral received:**