

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

If your problem is urgent, severe or getting worse, contact your GP or NHS 24 (111)

Since your problem started, if you have had any of the symptoms listed below, you must contact your GP directly and not use this self referral form.

- Blood in your urine
- Pain in your bladder
- Unable to pass urine
- Unexpected vaginal bleeding

Information and instructions for completing your referral

1. This form is to request a routine outpatient continence and pelvic health physiotherapy appointment only. If you consider your problem to be urgent you must obtain a referral from your GP
2. 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
3. You must be aged 16 years or over to use the self referral service
4. For antenatal and recent postnatal problems: Please use the separate **Antenatal and Postnatal Physiotherapy Self referral Form**
5. **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
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
6. 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 contact us to arrange an appointment. If your referral is not suitable for our service, we will contact you to let you know.
7. We will inform your GP that you have attended physiotherapy

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SURNAME _____
(Please use CAPITALS throughout)

First name _____

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____
Male ☐ Female ☐ Other ☐

ADDRESS _____

Postcode _____

Tel ☎ Home _____

Work _____ Mobile _____

Date of birth ____/____/____ **Only adults (16+) can self-refer**

Today's Date ____/____/____

GP's name _____

GP surgery _____

GP address _____

GP's Tel No. ☎ _____

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

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?
- ☐ Are you up more than once over night to pass urine?

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

5. How long have you had this problem? _____

6. Have you been to physiotherapy before? ☐ Yes ☐ No When? _____

7. 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 _____

For Admin Only – Date received: