

NEW SYSTEM
ACCESS TO PHYSIOTHERAPY

**HOW TO ACCESS NHS HIGHLAND PHYSIOTHERAPY
AS FROM 3rd AUGUST 2015**

**I AM OVER 16 AND HAVE A
PHYSIO PROBLEM – I WANT TO
SEE A PHYSIOTHERAPIST
IF UNDER 16 BOOK A GP
APPOINTMENT.**

**THIS CAN BE ANY JOINT,
MUSCLE, BACK, NECK,
DIZZINESS OR CONTINENCE
PROBLEM**

**PHONE NHS MATS SERVICE
FOR
ACCESS TO PHYSIOTHERAPY
ON**

0800 917 9390

MATS = NHS 24's Musculoskeletal
Advice and Triage Service

Free phone number. If in doubt, check with your service
provider.
CALLS CAN TAKE APPROXIMATELY 15
MINUTES

PLEASE CIRCLE:

- 1 I HAVE A LONG-TERM
NEUROLOGICAL CONDITION WHICH I
WANT HELP WITH
- 2 I HAVE A LONG-TERM RESPIRATORY
CONDITION WHICH I WANT HELP WITH
- 3 I THINK A WALKING AID MIGHT
HELP ME (EG STICK, FRAME)
- 4 I HAVE BEEN FALLING OVER

COLLECT SELF-REFERRAL FORM
FROM RECEPTION

If you are under 16 you will need to be referred by your GP

For advice and self care information that can help muscle and joint problems, please
visit:

www.nhsinform.co.uk/msk

PHYSIOTHERAPY SELF REFERRAL FORM

Please complete this form and return to your local GP Practice or Physiotherapy Department

INCOMPLETE FORMS WILL BE RETURNED



Name: _____ Today's date: _____

Address: _____

_____ GP Name/ Surgery: _____

Date of Birth: _____
Contact Phone Numbers: Home _____ Work/mobile: _____

May we leave a message at these numbers?

If you require an Interpreter- which language?

Please give a brief description of why you would like a Physiotherapy assessment and how your problem is affecting you?

THIS SECTION MUST BE COMPLETED

Please circle your answers below:

Are you off work with this problem/ struggling to stay at work?	Yes	No	N/A	
Is your sleep disturbed by this problem?	Yes	No		
Are you unable to care for a dependant because of this problem?	Yes	No		
Are you in severe pain with this problem?	Yes	No		
How long have you had this complaint?	Days	Weeks	Months	Years

Please tell us of any existing medical conditions/ health problems you have and what medications you are taking:

If you are referring yourself with back pain, have you recently developed any of the following symptoms?

- | | | |
|---|-----|----|
| ▪ Difficulty passing urine or controlling bladder/ bowels | Yes | No |
| ▪ Numbness around your back passage or genitals | Yes | No |
| ▪ Numbness, pins and needles or weakness in both legs | Yes | No |
| ▪ Unsteadiness on your feet | Yes | No |

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE CONTACT YOUR GP URGENTLY