 

# Addenbrooke’s hospital physiotherapy self-referral form

**For patients registered with a GP**

Outpatient Physiotherapy Department

Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0QQ

You may fill out this form and return it to us at theabove address or hand it in to your GP. You will be placed on a waiting list to beseen. Waiting times can vary based on demand.

We are unable to accept referrals for those **under the age of 16.**

**Please note**: the physiotherapy service does not provide emergency care. If you suspect you have sustained a serious injury/broken bone you should visit your nearest A&E department or telephone your surgery for further advice.

Full Name: Date of Birth:

Daytime phone no: Mobile no:

Are you happy for us to leave an answer phone message? (Please circle) **Yes** / **No**

Address:

GP: Surgery:

Surgery Postcode: NHS Number (if known):

Please provide a brief description of your symptoms:

What type of symptoms are you getting? (Please circle)

**Pain**  **Ache** **Weakness**

**Abnormal sensation (e.g. numbness, pins and needles, tingling)** **Other**

Where does your problem trouble you? Please indicate where you feel symptoms on the chart:



Please complete **all** questions

1. Have you consulted your GP about this problem? **Yes** / **No**

1. Are your symptoms (please circle)**: Improving** / **Worsening** / **Staying the same**

1. How long have you had the **current** problem?

1. Are you signed off sick for **this** problem? **Yes** / **No**

1. How long have you been off sick?

1. Have you attended physiotherapy before for this problem? (please circle) **Yes** / **No**

1. If ‘yes’, when?

1. Does your problem cause you significant sleep loss every night? (please circle) **Yes** / **No**

1. If ‘yes’, how frequent and how long?

1. Do you have a personal history of cancer? **Yes** / **No**

1. Are you currently pregnant? **Yes** / **No**

1. If so how many weeks pregnant are you?

Signature: Date: