Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PHYSIOTHERAPY SELF REFERRAL

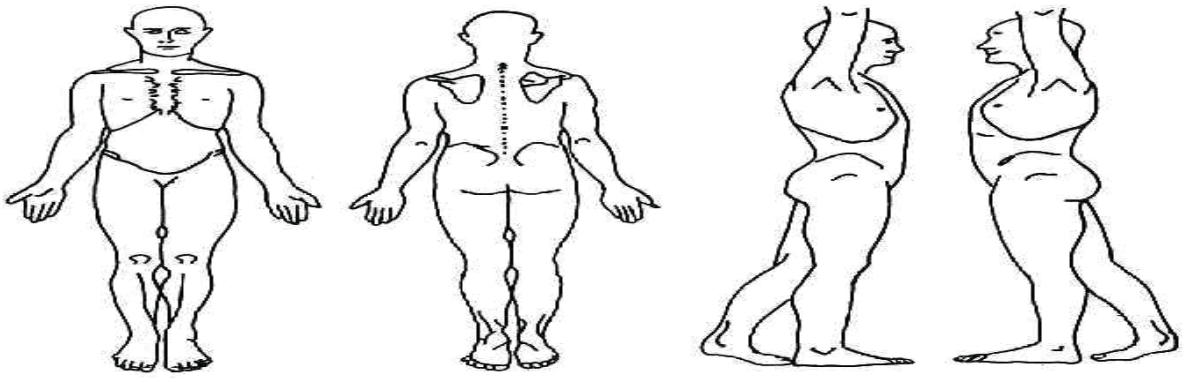
As part of your Physiotherapy referral we would like you to fill in this form about your health. Please read the questions carefully and answer them as clearly as you can.

This self referral option is ***NOT*** available to under 18`s or for Neurological, Respiratory or Gynaecological problems.

Patient Details:	**GP Details**:
First name:	Name:
Surname:	GP Practice Address:
Address:	
Postcode:	Occupation:
Contact Tel. No: (home): (work): (mobile):	Hobbies:
Can we leave a message on any of these numbers?	
Date of Birth:	Date of Referral:

Please give a brief description as to why you would like a physiotherapy assessment:

On the chart below please indicate the area where you feel your problem is, please indicate any areas of pain, pins and needles or numbness.



If you have back pain with leg pain have you had any difficulties passing or controlling urine? Yes ☐ No ☐

Have you suddenly lost weight without trying? Yes ☐ No ☐

Symptom History

Please tick as appropriate:

When did this problem start?

Less than 2 weeks ☐ 2-6 weeks ☐ 4-6 weeks ☐

6-12 weeks ☐ More than 12 weeks ☐

Is the problem:

new? ☐ ongoing? ☐ getting better? ☐

getting worse? ☐ staying the same? ☐

Does it wake you at night? Yes ☐ No ☐

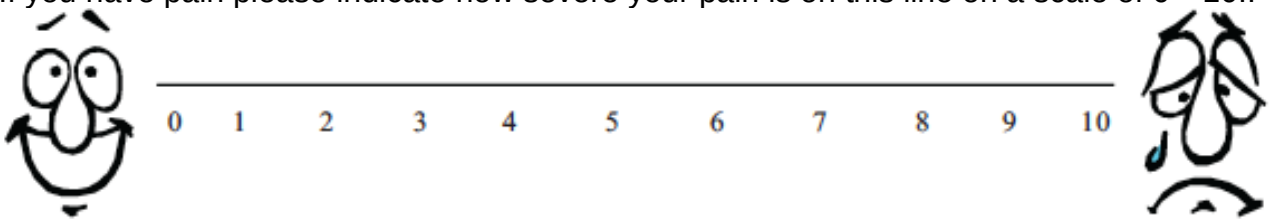
Is the problem stopping you from working? Yes ☐ No ☐

Is there anything the problem is stopping you doing? Yes ☐ No ☐

Please Specify:

Pain

If you have pain please indicate how severe your pain is on this line on a scale of 0—10.:



No pain at all Worst pain

Medical History: Provide a brief summary of your medical history:

Please tick as appropriate

Have you consulted your GP about this problem? Yes ☐ No ☐

Have you tried anything to help with your problem? (e.g. pain killers, exercise, other Treatment? Yes ☐ No ☐

Please specify:

Have you had Physiotherapy for the same problem in the last 6 months?

Yes ☐ No ☐

Where did you have your physiotherapy?

Please take, send or fax your completed referral form to:

Physiotherapy Dept, Colwyn Bay Hospital, Hesketh Rd, Colwyn Bay LL29 8AY
(Tel 01492 807519, fax 01492 807580)

OR

Physiotherapy Dept, Llandudno Hospital, Hospital Rd, Llandudno LL30 1LB
(Tel 01492 862309, fax 01492 862304)

Please state where you would like to be seen:

A Physiotherapist will look at your form. We will then read the referral and triage the referral as urgent or routine. If your referral is triaged as urgent we will aim to contact you as soon as possible to make an appointment. If it is triaged as routine, you will receive a letter to contact us to make an appointment when you get to the top of the waiting list.