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| **Eastern Cheshire Physiotherapy Patient Self-Referral Form (Paper Version)**  *(Please read the information at the top of this form before completion)* | | | | | | |
| * **You must be registered with an Eastern Cheshire Practice** * **Patients below the age of 18 must attend their appointment with a chaperone** * **Patients who require emergency treatment (immediate, serious and life threatening)** * Please consult NHS 111 or GP urgently if you have recently or suddenly developed difficulties passing urine or controlling bladder/bowels, numbness or tingling around your back passage or genitals, numbness/pins and needles or weakness in both legs * **You are unable to access this service within 6 months if it is for the same condition** * **The service offers advice/guidance/self-management support, an initial face to face assessment, and/or up to three treatment appointments as part of NHS funding** | | | * **It is important that you do not self-refer if you have any of the following conditions without consulting your GP first** * Changes in your bladder and bowel habits * A hot swollen joint * Constant severe pain and you are unable to find relief * Weakness, pins and needles, loss of feeling * Unexpected weight loss * Respiratory conditions * Neurological conditions * Post amputation (if specialist equipment not available) * Women’s health problems (except symphysis pubis dysfunction) * Patients in their own homes that do not meet the criteria for domiciliary care * Patients, requiring joint injections as part of palliative care * Patients who have undergone extensive, complicated surgery, as defined by the operating consultant for an orthopaedic or rheumatological condition which requires specialist intervention | | | |
| **Please complete the following details** | | | | | | |
| **Full name (Inc. Mr / Mrs / Miss / Ms)** | | | **NHS Number (if known)** | | | |
|  | | |  | | | |
| **Address** | | | **Date of Birth** | |  | |
|  | | | **Today’s Date** | |  | |
| **Best Contact No.**  **(Can a voicemail be left?)** | |  | |
| **Postcode** |  | | **Email Address** | |  | |
| **Is the patient a Forces Veteran?** |  | **Will they require an interpreter?** |  | **If Yes, please specify which language?** | |  |
| **Your Registered GP Practice** | | |  | | | |
| **Please describe your symptoms** | | | | | | |
| **\*If you are experiencing musculoskeletal pain from more than one place please complete a separate referral for each area.** | | | | | | |
| **Have you had physiotherapy within the last six months for the same condition?** | | | Yes No  If yes, please make an appointment to see your GP | | | |
| **How long have you been experiencing these symptoms?** | | | 0-4 weeks 5-12 weeks 5-12 months  >1 year | | | |
| **Is this a new or old / returning problem?** | | | Old New | | | |
| **Are the symptoms getting worse?** | | | Yes No | | | |
| **Do you know what has caused the symptoms? (I.e. a recent injury?)**  **If so please state -** | | | Yes No | | | |
| **Are you currently off from work because of the problem?** | | | Yes No | | | |
| **Have you been to see your GP about this problem?** | | | Yes No | | | |
| **Have you been referred for any investigations in relation to this problem? (i.e. an x-Ray)** | | | Yes No | | | |
| **Please provide information about any medication that you are taking which you feel the physiotherapist needs to be aware of:** | | |  | | | |
| **Once completed, please scan and email or post the form to your chosen provider below** | | | | | | |
| **Provider and Contact Information** | | | **Locations** | | | |
| **Aim Physiotherapy**  **Email:** [**ecccg.aimphysiotherapy@nhs.net**](mailto:ecccg.aimphysiotherapy@nhs.net) | | | **Holmes Chapel Health Centre,**  **London Road, Holmes Chapel,**  **Crewe,**  **CW4 7BB** | | | |
| **Bollington Physio Practice**  **Email:** [**ecccg.bollingtonmc@nhs.net**](mailto:ecccg.bollingtonmc@nhs.net) | | | **Bollington Medical Centre, School House Surgery, or Mcllvride Medical Centre** | | | |
| **East Cheshire Trust**  **Email:** [**ecn-tr.therapyreferral@nhs.net**](mailto:ecn-tr.therapyreferral@nhs.net) | | | **Congleton War Memorial, Handforth Health Centre,**  **Knutsford Community Hospital, Poynton Health Centre, Waters Green Medical Centre, or Wilmslow Health Centre** | | | |
| **John Honey Physiotherapy**  **Email:** [**johnhoney.physio@nhs.net**](mailto:johnhoney.physio@nhs.net) | | | **Trinity House Practice**  **150-152 Cumberland Street**  **Macclesfield, SK10 1BP** | | | |
| **Mediscan Diagnostic Services**  **Email:** [**mdsl.physiotherapy@nhs.net**](mailto:mdsl.physiotherapy@nhs.net) | | | **Wilmslow Health Centre,**  **Chapel Lane,**  **Wilmslow, SK9 5HX** | | | |
| **Physiofit**  **Email:** [**Physiofit.admin@nhs.net**](mailto:Physiofit.admin@nhs.net) | | | **4 Trafford Road,**  **Alderley Edge, SK9 7NT** | | | |
| **Premier Physical Healthcare**  **Email:** [**premier.theraphy@nhs.net**](mailto:premier.theraphy@nhs.net) | | | **Readesmoor Medical Centre, Watersgreen Medical Centre, Chelford Surgery, or Meadowside Medical Practice** | | | |
| **Spire Healthcare**  **Email:** [**d.cooper1@nhs.net**](mailto:d.cooper1@nhs.net) | | | **Spire Regency Hospital,**  **West Street,**  **Macclesfield, Cheshire, SK11 8DW** | | | |
| **Water Lane Clinic**  **Email:** [**frances.west1@nhs.net**](mailto:frances.west1@nhs.net) | | | **106 Water Lane,**  **Wilmslow, SK9 5BB** | | | |