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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
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| **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** |  **Holmes Chapel Health Centre,**  **London Road, Holmes Chapel,**  **Crewe,**  **CW4 7BB** |
| **Bollington Physio Practice****Email:** **ecccg.bollingtonmc@nhs.net** |  **Bollington Medical Centre, School House Surgery, or Mcllvride Medical Centre** |
| **East Cheshire Trust****Email:** **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** |  **Trinity House Practice** **150-152 Cumberland Street** **Macclesfield, SK10 1BP** |
| **Mediscan Diagnostic Services****Email:** **mdsl.physiotherapy@nhs.net** |  **Wilmslow Health Centre,**  **Chapel Lane,** **Wilmslow, SK9 5HX** |
| **Physiofit****Email:** **Physiofit.admin@nhs.net** |  **4 Trafford Road,**  **Alderley Edge, SK9 7NT** |
| **Premier Physical Healthcare** **Email:** **premier.theraphy@nhs.net** |  **Readesmoor Medical Centre, Watersgreen Medical Centre, Chelford Surgery, or Meadowside Medical Practice** |
| **Spire Healthcare****Email:** **d.cooper1@nhs.net** |  **Spire Regency Hospital,** **West Street,** **Macclesfield, Cheshire, SK11 8DW** |
| **Water Lane Clinic****Email:** **frances.west1@nhs.net** |  **106 Water Lane,** **Wilmslow, SK9 5BB** |