

Self-Referral - West Cumbria Physiotherapy Service

Please complete ALL SECTIONS of this form and return it to your GP reception desk or to your preferred Physiotherapy Department.

Please ensure that your full name, full address and date of birth are completed.

Please note - incomplete forms may not be processed

PATIENT DETAILS:																
Full Name:	GP Name:															
Date of Birth:	Name of Surgery:															
Today's Date:	Practice code:															
Your Address:	Your Occupation:															
Phone Numbers: Home - OK to leave message (incl. SMS text)? Yes <input type="checkbox"/> No <input type="checkbox"/> Mobile - OK to leave message (incl. SMS text)? Yes <input type="checkbox"/> No <input type="checkbox"/> Work - OK to leave message (incl. SMS text)? Yes <input type="checkbox"/> No <input type="checkbox"/>																
CONSENT: <input type="checkbox"/> Consent given for the information within this referral to be sent to the receiving care team <input type="checkbox"/> Consent given for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so																
INFORMATION NEEDS (provide further details below, where applicable): <table border="0"> <tr> <td>Required:</td> <td></td> <td>Attending:</td> </tr> <tr> <td><input type="checkbox"/> Longer appointment</td> <td><input type="checkbox"/> Easy read documents / information leaflets</td> <td><input type="checkbox"/> Carer / relative</td> </tr> <tr> <td><input type="checkbox"/> Language translation service</td> <td><input type="checkbox"/> Braille documents / leaflets</td> <td><input type="checkbox"/> Note-taker</td> </tr> <tr> <td><input type="checkbox"/> Hearing loop facility area</td> <td><input type="checkbox"/> Large print documents</td> <td></td> </tr> <tr> <td><input type="checkbox"/> British sign language interpreter</td> <td><input type="checkbox"/> Note-taker</td> <td></td> </tr> </table>		Required:		Attending:	<input type="checkbox"/> Longer appointment	<input type="checkbox"/> Easy read documents / information leaflets	<input type="checkbox"/> Carer / relative	<input type="checkbox"/> Language translation service	<input type="checkbox"/> Braille documents / leaflets	<input type="checkbox"/> Note-taker	<input type="checkbox"/> Hearing loop facility area	<input type="checkbox"/> Large print documents		<input type="checkbox"/> British sign language interpreter	<input type="checkbox"/> Note-taker	
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PREFERRED CLINIC LOCATION(S): Copeland: <input type="checkbox"/> West Cumberland Hospital, Whitehaven <input type="checkbox"/> Egremont <input type="checkbox"/> Cleator Moor <input type="checkbox"/> Seascale Allerdale: <input type="checkbox"/> Workington <input type="checkbox"/> Cockermouth <input type="checkbox"/> Maryport <input type="checkbox"/> Keswick <input type="checkbox"/> Wigton																
REFERRAL DETAILS: 1) Please give a brief description of why you need a physiotherapy assessment (include area of the body affected): 2) How long have you had this problem? 3) Has this problem previously been treated with physiotherapy? Yes <input type="checkbox"/> No <input type="checkbox"/> 4) Are the symptoms worsening? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details:</i> 5) Are you able to carry out normal activities? Yes <input type="checkbox"/> No <input type="checkbox"/> 6) Are you off work / unable to care for a dependant because of this problem? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 7) Please give details of any other treatment you have received for these symptoms, including previous physiotherapy:																

8) Have you had any sudden weight loss without trying? Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Have you had any other symptoms such as numbness, tingling or muscle weakness? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details:</i>
10) Have you had any recent changes to your bladder and bowel habits or altered sensation in the genital/saddle area? <i>(If yes, please see the back page for advice and guidance)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11) Please list any current or past health issues or operations <i>i.e. heart conditions, high blood pressure, arthritis, etc.</i>

Please bring a list of your current medications to your first appointment.

Not sure if physiotherapy is right for you?

Physiotherapy can be particularly beneficial if you are suffering from back pain, neck pain, injuries such as strains or sprains, or if you are experiencing joint and/or muscular pain. Physiotherapists can also treat men and women suffering from incontinence.

Unfortunately, you are unable to self-refer to this service if:

- You want to see a physiotherapist about a neurological or breathing problem. You will need to seek a referral via your GP.
- You need a home visit.
- You are under secondary school age (if you are under 16 you will need a guardian to accompany you to the assessment)
- You want physiotherapy following a recent operation; for this you will need to be referred by your surgeon.

Pain Relief?

Over the counter painkillers can be helpful. A pharmacist will be able to advise you on the appropriate tablets. If your symptoms worsen you may wish to see your GP. If you have an old injury, you may find that placing a hot water bottle wrapped in a towel on the affected area for 10 minutes reduces pain, while for a new injury you can use a pack of frozen peas wrapped in a damp towel for 10 minutes. **Please be aware that hot and cold can burn** and that you need to check every 5 minutes to make sure that your skin does not become very red or blotchy. If this happens, stop.


What can I do for myself in the meantime?

It has been shown that resting for more than a day or so does not help and may actually prolong pain and disability. You may need to alter your activities initially, but the sooner you can get back to normal activity the sooner you will feel better. Getting stiff joints and muscles working can be painful, but this is a normal response and not a sign of damage. Feeling a bit sore initially is also normal and often a good sign that you are making progress. Changing your position or activity frequently through the day will help to prevent and reduce stiffness. Try to build up your general activity gradually.

What happens next?

When a physiotherapy appointment is available, you will receive a letter inviting you to make an appointment at a convenient date, time and location.

Question 10 Guidance

Common Back Pain	Cauda Equina Syndrome Warning Signs
<p>Many patients have a combination of back pain, leg pain, leg numbness and weakness. These symptoms can be distressing for you but don't necessarily require emergency medical attention. A rare but serious back condition, Cauda Equina Syndrome, can lead to permanent damage or disability and will need to be seen by an Emergency Specialist Spinal Team. See other side of card for some warning signs of Cauda Equina Syndrome.</p> <p></p>	<ul style="list-style-type: none">• Loss of feeling/pins and needles between your inner thighs or genitals• Numbness in or around your back passage or buttocks• Altered feeling when using toilet paper to wipe yourself• Increasing difficulty when you try to urinate• Increasing difficulty when you try to stop or control your flow of urine• Loss of sensation when you pass urine• Leaking urine or recent need to use pads• Not knowing when your bladder is either full or empty• Inability to stop a bowel movement or leaking• Loss of sensation when you pass a bowel motion• Change in ability to achieve an erection or ejaculate• Loss of sensation in genitals during sexual intercourse <div data-bbox="1204 1523 1340 1736" style="border: 2px solid red; padding: 5px; text-align: center;">Any combination seek help immediately</div>

*****If you are experiencing or develop the above symptoms it is advised you seek emergency medical advice through your GP practice, NHS 111 or the A and E department*****