

Please return your completed form to:

- Lewis & Harris: Red Postbox, Reception, Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis, HS1 2AF.
- Uists & Barra: Physiotherapy Department, Uist and Barra Hospital, Balivanich, Benbecula, HS7 5LA.

What will happen next?

- This referral form will be checked by a physiotherapist.
- If we think that we can help your condition we will place you on a waiting list.
- You will be contacted by a letter or telephone to arrange an appointment.

If we believe your needs would be better met by a different service we will contact you to let you know.

How long will I have to wait?

- This depends on the current physiotherapy waiting list.
- Please be aware that at times of high demand you may have to wait longer.

Further help and information

Physiotherapy Department, Western Isles Hospital, MacAulay Road, Stornoway, Isle of Lewis, HS1 2AF. Telephone 01851708258

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at - www.careopinion.org.uk or 0800 122 31 35
- Tel. 01851 704704 (ext 2408) on a Tuesday and Friday afternoon between 1pm and 4pm.

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Produced by: Physiotherapy Dept, WIH.

Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you interpret any of this information, or in applying the information to your individual needs.

Bòrd SSN nan Eilean Siar
NHS Western Isles



NHS
Eilean Siar
Western Isles

Patient Completed Self-referral Form Physiotherapy Department



This form allows you to refer **yourself** directly for physiotherapy without seeing your GP. Please fill out this form correctly as it allows us to allocate you an appropriate appointment. This form is not to be completed on someone else's behalf and health professionals are asked to use the appropriate referral pathways.

Self Referral is not appropriate for people under the age of 16, Respiratory, Gynaecological or Neurological conditions. Please see your GP in the first instance if you have any concerns.

Please consult your GP or freephone NHS 24 on 111 if you require urgent attention or if you have recently or suddenly developed:

- difficulty passing urine or controlling bladder/bowels
- numbness or tingling around your back passage or genitals
- numbness, pins and needles or weakness in both legs.

Please inform your GP of this referral if you:

- have recently become unsteady on your feet
- are feeling generally unwell/fever
- have a history of cancer
- have any unexplained weight loss.

Date:/...../.....

Name:

Date of Birth:/...../.....

Address:

.....

.....

Postcode:

Occupation:

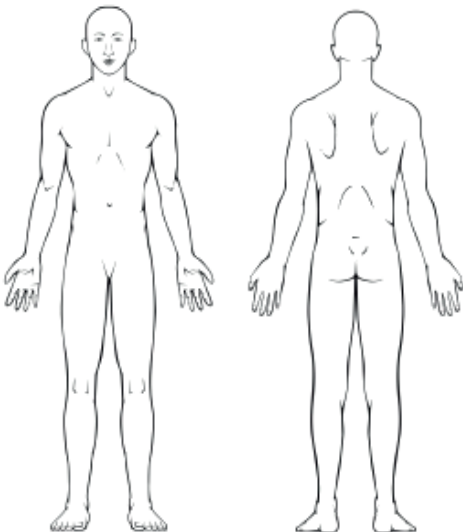
Contact Numbers:

Home Work Mobile

GP Practice:

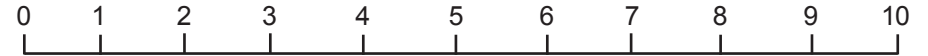
Please mark on the diagram below the location of your problem.

Please describe your current problems and symptoms below.



Large empty box for describing current problems and symptoms.

1. Using the scale of 0-10 below, circle where your average level of pain is, where 0 is no pain and 10 is the worst possible pain.



Please answer the following:

2. How long have you had this problem?

3. Since it began is the problem:

Improving The Same Worsening Varying

4. Is the problem:

New Longstanding Recurring

5. Have you seen a GP or other healthcare worker/physiotherapist for this problem?

Yes No

If yes, please provide details below.

Empty box for providing details if seen a GP or other healthcare worker/physiotherapist.

6. Are you off work or unable to care for a dependant because of this problem?

Yes Long term incapacity No N/A

7. Is this problem affecting your ability to sleep?

Yes No

8. Please list your current medication below:

Empty box for listing current medication.

I confirm the information I have provided is accurate and can be shared with my GP.

Patient signature: