

Physiotherapy Self-Referral Form for Pregnant and Postnatal Women

- Please only use this tool if you are currently pregnant, have been pregnant or given birth within the last year.
- Please use this tool if you want to have physiotherapy treatment because you are leaking from your bladder or back passage, you feel a bulge or heaviness down below, you experience pelvic- or backpain, you have had a C-section or you feel there is a gap between your tummy muscles.

Please complete this form clearly and comprehensively

·Use a **BLACK PEN**

·Use **BLOCK CAPITALS**

· Please complete as much of this form as possible.

Incomplete forms can cause delay. Once received, the form will be reviewed and placed on a priority waiting list.

Full Name	
Address	
Postcode	

Marital Status:	Married / Divorced / Single / Co-habiting / Other
Ethnicity:	
Occupation:	
Hobbies/ sports/ activities:	

Office Use Only:	
Status:	Date:
Received	
Priority	Urgent / Routine
Partial book sent	
Date contacted	
Appointment given	
Did not phone / DC	

Date of birth	
GP Name	
Practice	
GP Tel. Number	

Your Contact Phone Numbers		Can we leave a message?
Home		Yes / No
Work		Yes / No
Mobile		Yes / No

Maternity History:

Current pregnancy:		Previous Pregnancies:	
Baby Due Date:		Number of previous pregnancies /children.	
Number of weeks pregnant:		Age(s):	
		Mode(s) of delivery:	Vaginal birth/forceps/ventouse/breech/caesarean
		Complications:	

Please give a brief description of your symptoms, or why you wish to see a physiotherapist

How long have you had this problem

Days _____ Weeks _____ Months _____ Years _____

**When did your problem start?
(Was it related to pregnancy, childbirth or after surgery)**

What makes your symptoms WORSE?	What makes your symptoms BETTER?

Are your symptoms worsening?	Yes / No	Have you had physiotherapy for this problem in the past? (If yes, please give details)
Details if Yes:		

How much does this problem affect your daily life?	No effect 0 1 2 3 4 5 6 7 8 9 10 Severe
How much does this problem affect your sleep?	No effect 0 1 2 3 4 5 6 7 8 9 10 Severe
Have you had to have time off work because of this problem?	Yes / No

Have you had any tests on your bladder/bowel/pelvis/back? (e.g. scans, urodynamics, sigmoid- or colonoscopy)	Yes / No
If Yes, please give dates and outcomes if known:	

What do you hope Physiotherapy will change or improve?

Please list ALL the medications you are currently taking:	
--	--

SINCE THE ONSET OF THIS PROBLEM do any of the following apply to you?
Please tick YES or NO if you do or do not have the symptoms.

	YES	NO
Have you experienced unexpected bleeding or staining from the vagina?		
Have you experienced persistent bloating that doesn't come or go?		
Unexplained weight loss?		
Have you experienced persistent abdominal pain?		
Have you had regular cervical smears?		
Have you had any abnormal smear results?		
Do you have any numbness/tingling in the area between your legs (saddle area)?		

PREGNANCY RELATED QUESTIONS: Since being pregnant, have you experienced any of the following (if any of the below worry you, please contact your midwife immediately):

	YES	NO
Increased headaches ?		
Visual disturbances?		
Swelling (hands/legs/feet/face)		
Itching hands or feet?		
Is your baby moving normally?		

GENERAL HEALTH

	YES	NO		YES	NO
Rheumatoid Arthritis			Thyroid problems		
High Blood Pressure			Major Surgery		
Low Blood Pressure			Osteoporosis		
Neurological problems (e.g. stroke, MS)			Diabetes		
Heart problems			Pacemaker		
Allergies			Epilepsy		
History of Cancer			Lung/breathing Problems		
Long Covid			Depression/anxiety/low mood		

If you have answered YES to any of the above or have any other medical problems, please provide details here:

The questions in this form will help us to make sure we provide the best level of care for people from all walks of life and communities. We will keep your answers confidential and they will not be linked to your medical records. You do not have to answer these questions if you do not want to.