

**Self-referral form to Physio 4 Staff for Staff at SATH**

Email to:  [sath.physio4staff@nhs.net](mailto:sath.physio4staff@nhs.net) or hand in to the desk in Physio Outpatients

A picture containing line art, child art, illustration

Description automatically generated

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_

NHS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Tel:](Tel:___________________________) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where would you prefer to be seen? RSH / PRH

**About your problem**

What are your symptoms?

How / when did it start?

**How it affects you**

Are you struggling to work due to your pain, if so how?

Are you currently off work due to this? Yes / No

**Your Health**

Have you been diagnosed with Cancer before? If so, give details.

Are you under a Rheumatologist? If so, what for?

Are you pregnant? If so, how many weeks?

Once we have received your referral you will be contacted within 2 working days & receive an appointment within 2 weeks.

Please ensure that you do one referral for each problem area.

Please contact your GP or call 111 urgently if you are experiencing back pain and have **recently or suddenly** developed the following:

* Difficulty passing urine or controlling bladder or bowels
* Numbness or tingling around your back passage or genitals
* Numbness or pins and needles in **BOTH** legs.