



SELF REFERRAL TO PHYSIOTHERAPY

Please complete and sign this form to refer yourself to physiotherapy and send it to us at your preferred location.

Failure to present this form at your first appointment may result in the physiotherapist being unable to carry out your assessment – therefore it is imperative for you to bring it completed.

Name:	GP's Name:			
Address:	GP's Surgery Address:			
HEFT Staff members please tick	Can we leave a message?			
Phone no. (home):	Yes 🗌	No 🗌		
Phone no. (work):	Yes 🗌	No 🗌		
Phone no. (mobile):	Yes 🗌	No 🗌		
Date of Birth:	Today's date:			
Please note no under 18's accepted				
Do you require an interpreter? Yes No No				
If yes, which language?				
Please give a brief description of why you would like a physiotherapy assessment: (please note only one condition can be assessed)				
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(please note only one condition can be assessed) THE FOLLOWING CONDITIONS REQUIRE A GP RE				
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THE FOLLOWING CONDITIONS REQUIRE A GP RE REFERRAL All Neurological Conditions	FERRAL AND WILL NOT B	E ACCEPTED AS A SELF		
THE FOLLOWING CONDITIONS REQUIRE A GP RE REFERRAL All Neurological Conditions All Incontinence/Gynaecological Problems	FERRAL AND WILL NOT B	E ACCEPTED AS A SELF		

How long have you had this complaint? (Please tick) Less than 6 weeks More than 6 Weeks				
Is the problem? New On-going				
Are the symptoms worsening? Yes \(\subseteq \text{No} \subseteq \)				
Please tick if you are currently affected by any of the fol	llowing:			
Unexplained weight loss	Unexplained bladder or bowel problems			
History of cancer	Night pain			
Fever or night sweats	Unsteady on feet			
Pins and needles or numbness in both arms or legs	Altered sensation in genital region			
IMPORTANT INFORMATION (MANDATORY) It is important that you do not self-refer if you have any of the above conditions without first consulting your GP				
It may be necessary for you to get undressed so please wear appropriate clothing and underwear or bring shorts with you, so that we can see the part of the body that requires assessment and treatment.				
It may be necessary for us to communicate with your Doctor after this appointment, either to provide us with information to support our assessment, or to provide your Doctor with information about how we have treated you. If you are happy to consent please sign below.				
For staff only: Patient verbally consented to telepho	ne referral. Date: Time:			
Signature:	Date:			

DO YOU THINK YOU NEED PHYSIOTHERAPY?

Please either ring the relevant contact number as outlined below, or fax/post your referral to the correct address. After receiving the referral we will contact you to arrange a mutually agreed appointment.

1. Physiotherapy Appointments in Solihull Community

CONTACT CENTRAL BOOKING on 0121 329 0107

FAX: 0121 329 0198

POST: Physiotherapy Department, Chelmsley Wood Primary Care Centre, Crabtree Drive, Chelmsley Wood B37 5BU

Please tick the box for your preferred choice of location for physiotherapy:

Balsall Common Health Centre	
Chelmsley Wood Primary Care Centre	
Freshfields Health Centre – Knowle	
 Hobs Moat Medical Centre – Solihull 	
 Hurst Lane Clinic – Castle Bromwich 	
Northbrook Health Centre – Shirley	
Shirley Clinic	

2.Physiotherapy Appointments in the Acute Hospitals

If you live closer to one of the acute hospitals listed below and it is easier to have your treatment there then please contact

POST: Solihull Hospital Physiotherapy Department, Lode Lane, Solihull B91 2JL Telephone: 0121 424 5446

POST: Good Hope Hospital Physiotherapy Department, Rectory Road, Sutton Coldfield, B72 7RR

Telephone: 0121 424 9053

POST: Heartlands Hospital Physiotherapy Department, Bordesley Green East, Birmingham, B9 5SS

Telephone: 0121 424 0493

If you are uncertain about whether you can self-refer or not please contact your local clinic for advice.