



Musculoskeletal Out-Patient Physiotherapy Self-Referral

If you are aged 16 and over and registered with a local GP surgery, you can refer yourself directly to our Physiotherapy Service with a **musculoskeletal problem** such as muscle and joint pain, sports injuries, back and neck pain, sprains and strains. This means you do not have to visit your GP first, unless you wish to do so.

This referral option is **NOT** available:

- For neurological, respiratory, pelvic health (including pregnancy related) problems
- If you have **more than one** unrelated joint or limb problem
- If you have had a recent fracture or orthopaedic surgery
- If you require a home assessment

Please consult NHS 111 urgently if you have recently or suddenly developed:

- Difficulty passing urine or controlling bladder / bowels
- Numbness or tingling around back passage and genitals
- Numbness, pins and needles or weakness in both legs

If you have any of the following, please discuss with your GP before referring yourself to physiotherapy:

- A hot swollen joint
- Constant severe pain and you are unable to find relief
- Unexpected weight loss
- History of cancer
- Generally unwell / fever / severe fatigue

How do I self-refer?

Complete the form overleaf and return it to your **local hospital physiotherapy department**. Postal addresses can be found on the link overleaf. Or you can email the form to the relevant address below:

- **Anglesey & Gwynedd:** BCU.PhysioAdminWest@wales.nhs.uk
- **Conwy & Denbighshire:** BCU.PhysioTeamCentral@wales.nhs.uk
- **Flintshire:** BCU.PhysioFlintshire@wales.nhs.uk
- **Wrexham:** BCU.PhysioTeamEast@wales.nhs.uk

Alternatively, visit our website and complete the online form.

Information about the service can also be found on our website:

<https://bcuhb.nhs.wales/services/hospital-services/physiotherapy/>

What will happen next?

Your referral will be added to our waiting list. When we are in a position to offer you an appointment, we will contact you to arrange this. If your referral is not suitable for our service, we will let you know.

If you have not heard anything from us within **8 weeks**, please contact us.

If your symptoms get significantly worse while you are waiting, then please contact us or your GP for advice.

Whilst awaiting your appointment, helpful advice can be found on the following websites:

- www.csp.org.uk/public-patient/rehabilitation-exercises
- www.versusarthritis.org



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Betsi Cadwaladr
University Health Board

ADULT MUSCULOSKELETAL OUTPATIENT PHYSIOTHERAPY SELF-REFERRAL FORM

Please complete ALL sections of the form clearly. Incomplete forms may be returned.

Full Name:		Male / Female / Other
NHS / Hospital number (if known):	Date of Birth:	
Address:	Emergency contact details:	
Post Code:		
Contact tel no:	Can we leave a message? Yes / No	
Email address:		
Preferred method of contact (tick any that apply): Post <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/>		
Preferred language for consultation: <input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Other (via interpreter)		
GP Surgery:	Today's date:	

1. Please describe your current problem and symptoms (including location of pain, swelling, pins and needles, weakness etc)

(If your referral is for back pain, please also complete a STarT Back form on page 3)

2. How long have you had this problem?

☐ Less than 3 weeks ☐ 3 – 6 weeks ☐ More than 6 weeks

3. Is this problem....

☐ New ☐ Flare up of old problem ☐ Longstanding

4. Is your problem....

☐ Getting better ☐ Getting Worse ☐ Staying the same

5. How are your day-to-day activities affected by your problem?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely

6. Does your problem wake you at night?

☐ No ☐ Some nights ☐ Most nights ☐ Unable to sleep at all

7. Are you off work / unable to care for a dependant because of THIS problem?

☐ Yes ☐ No ☐ Unemployed/Retired

8. Please provide any other information that you feel we may need to know.

9. Which Physiotherapy department you would like to attend?

List of local hospitals can be found via this link: www.bcuhb.nhs.wales/services/hospitals

Please note we cannot take responsibility for any information that has been withheld. The information you have provided may be shared with your GP or other relevant healthcare professionals for the purposes of the care of your musculoskeletal problem.



The Keele STarT Back Screening Tool

Only complete this if your problem is back pain

Name: _____ DOB: _____ Date: _____

Thinking about the **last 2 weeks** tick your response to the following questions:

		Disagree 0	Agree 1
1	My back pain has spread down my leg(s) at some time in the last 2 weeks		
2	I have had pain in the shoulder or neck at some time in the last 2 weeks		
3	I have only walked short distances because of my back pain		
4	In the last 2 weeks, I have dressed more slowly than usual because of back pain		
5	It's really not safe for a person with a condition like mine to be physically active		
6	Worrying thoughts have been going through my mind a lot of the time		
7	I feel that my back pain is terrible and it's never going to get any better		
8	In general I have not enjoyed all the things I used to enjoy		

9 Overall, how **bothersome** has your back pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1