DEPT USE ONLY
Urgent / Routine

GP Direct Access Physiotherapy Service
Tel: 020 3316 1111 Fax: 0844 774 6419
Email: arti.centralbooking@nhs.net

NHS Islington

Patient Self Referral to Physiotherapy

DATE OF REFERRAL:

Please complete this form and hand it in to the Physiotherapy Reception at Holloway Community Health Centre* 11 Hornsey Street, N7 8GG *or Finsbury Health Centre, Pine Street, London EC1R 0JH.

PATIENT DETAILS:				
Surname:	**First name:**	**Male** ☐	**Female** ☐	**Date of Birth:**
Address:			**Post code:**	

Daytime Tel No: **Mobile No:**	**NHS No:** **Hospital No:**
Is an interpreter required? Yes ☐ **No** ☐	**If Yes, what language:**
Optional for data monitoring purposes only: **how would you describe your ethnic origin?** **Next of kin:**	**Telephone No :** **Contact Address:**

GP'S DETAILS	
Name:	**Have you consulted your GP about this problem?** **Yes** ☐ **No** ☐
Practice:	**If Yes, what did they recommend:**
Tel No:	

Give a brief description of your problem including how it started:
Area of pain / How it started / Any pins & needles or numbness – if so, where?

How long have you had this problem?			
Less than 2 weeks ☐	**2 – 6 weeks** ☐	**More than 6 weeks** ☐	**More than 1 year** ☐

Is the problem:		
New ☐	**Flare-up of old problem** ☐	**Ongoing long-term problem** ☐

Is your problem:		
Getting better	**Getting worse**	**Staying the same**

Have you had any investigations for this problem? (E.g. Scans, X-rays, Blood tests)	
Yes ☐	**No** ☐
If Yes, please give details:	

Have you had any previous treatment for this problem? (E.g. Medical treatment, Physiotherapy, Osteopathy, Chiropractic treatment)	
Yes ☐	**No** ☐
If Yes, please give details:	

Name:	Date of Birth:

General Health - Please tick if you have any of the following:			
Lung problems	☐	Any Major Illness	☐
Heart Problems	☐	Current or Past Pregnancy	☐
Epilepsy	☐	Previous Fractures	☐
Osteoarthritis	☐	*Unexplained* Weight Loss	☐
Rheumatoid Arthritis	☐	History of Cancer	☐
Osteoporosis	☐	Fever or Night Sweats	☐
Diabetes	☐	*Unexplained* Bladder or Bowel problems	☐
Surgery / Operations	☐	Night Pain	☐
Poor General Health	☐	Unsteady on feet	☐
If Yes to any, please give details:			

Please list any Medicine you are taking:

Employment status:				
Employed ☐	Unemployed ☐	Retired ☐	Student ☐	Carer ☐
Please give details:				

Any activities you do (E.g. Sports, Gym, Hobbies). Please give details:

Due to your current problem you are unable to:			
Work ☐	Participate in activity/sport ☐	Care for dependent ☐	Other ☐
Please give details:			

Your perception:
What do you think is happening to cause your problem?

What specific problems / difficulties would you like the physiotherapist to help you with?

In what way do you feel the physiotherapist can help with these specific problems / difficulties?