Please return this form to:

Therapies Hub, Montgomery County Infirmary (Newtown Hospital)

Llanfair Road, Newtown, Powys, SY16 2DW

Tel: 0845 840 1234 or 01686 613 200

Email: therapies.hub.pow@wales.nhs.uk

The referral will be processed, and you will be contacted to arrange your first appointment.

Your appointment can be arranged as either face to face, over the telephone or via a video call.

Text reminders for your appointment. Please make sure we have your correct mobile number so you can receive a text message (you are able to opt out of the service at any time). You can also cancel or request a rebooking of an appointment via text.

Missed Appointments if you do not attend your appointment without informing us you may be discharged from the service .

Repeated cancelled appointments may result in you being discharged from the service.

This form is available in Welsh

Musculoskeletal Physiotherapy Self-Referral

This form is available to complete online on the Physiotherapy webpage via the Powys Teaching Health Board Website

Do you need a Physiotherapist?

Physiotherapy helps people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.

Physiotherapists can help to manage pain and prevent disease to maintain a healthy lifestyle.

Problems that start without an injury often respond well to simple exercises, along with lifestyle changes such as weight loss, general exercise, quitting smoking and relaxation techniques.

Consider using the advice and exercises available on our Physiotherapy resource page on the Powys Teaching Health Board website or the Chartered Society of Physiotherapy website.

www.powysthb.wales.nhs.uk/musculo-skeletal-service

www.csp.org.uk/public-patient

This form should only be used for patients wishing to have physiotherapy for musculoskeletal problems (back/neck pain, joint pain, soft tissue injuries).
If you are under the age of 16, you should discuss with your GP practice to be referred to the service .

MSK Physiotherapy Self Referral Form

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Full Name (include title)

Address

Post Code

Date of Birth: ___/___/_____Age ( )

Preferred Contact Telephone Numbers — Can we leave a message?

1. _____ Yes / No
2. _____ Yes / No

Email Address _____

GP Practice _____

_____

PTHB Staff: Yes ☐ Location _____

Please explain why you are referring yourself to physiotherapy?

How long have you had this? Days ___. Weeks ___. Months ___. Years ___.

How did it start? *(Just came on, injury, fall, long term problem etc)*

Have you been to your GP Practice for this issue? **Yes / No**

Are you off work/school or unable to care for a dependant because of this problem?
Yes / No *(if yes, please give details)*

What would be a successful outcome for you by attending physiotherapy?

Have you had any X-rays or other tests? **Yes / No** *(if yes, please give details)*

What is your preferred language?
Do you need a translation service? **Yes / No** *(if yes, please give details)*

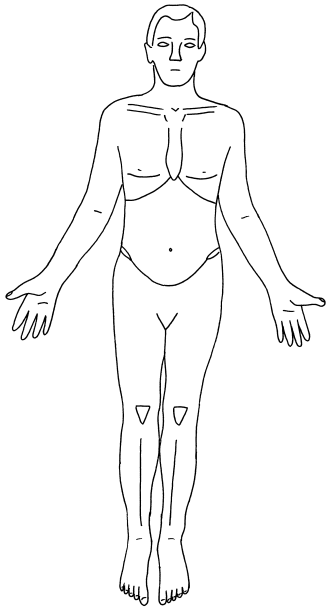
If you are making a referral regarding back pain/sciatica, have you experienced any of the following problems since your pain started?

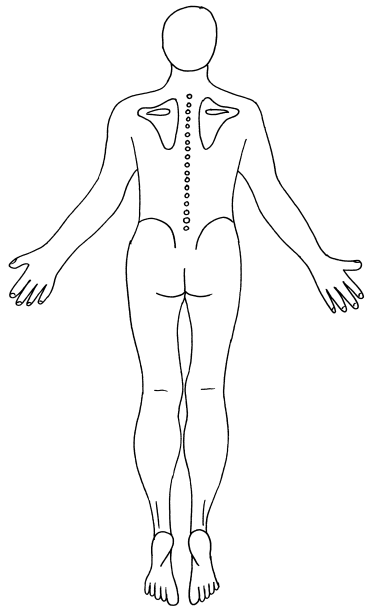
	YES	NO
Bladder incontinence, or difficulty passing water/feeling you cannot empty your bladder (you have to force to empty your bladder)	☐	☐
A loss of bowel control (soiling yourself)	☐	☐
Numbness between your thighs/loss of sensation when using toilet paper	☐	☐
Sexual problems — loss of sensation or erectile dysfunction	☐	☐
Sciatica into BOTH legs—leg pain, pins and needles/numbness, weakness	☐	☐

If you have ticked **YES** to any of these symptoms, and you **HAVE NOT** had a medical assessment for this, it is essential you seek **IMMEDIATE** (same day) medical care by;

Calling **111,** same day appointment with GP or if required attend your local **A&E Department**

Indicate on the pictures where you get your current symptoms





Please list ALL the medication you are taking

Signature _____ *Date* _____