

**Musculoskeletal (MSK) physiotherapy** involves the assessment and treatment of muscles, tendons, ligaments, bones, joints, nerves and other structures in order to:

- improve your movement and strength
- help you to do more of your normal activities
- help you to understand and manage your condition.

**Treatment is likely to include an exercise program specific to your needs.**

**MSK Physiotherapy may not help if you:**

- have had physiotherapy treatment for the same condition within the past year.
- are referring yourself for widespread aches and pains.
- have previously attended the Pain Clinic for the same condition.

**We are unable to accept a self referral if:**

- you are not registered with a GP within NHS Greater Glasgow and Clyde.
- your condition is due to a fracture or break within the past 3 months. We need a referral from your hospital clinic to make sure physiotherapy is appropriate.
- you have had surgery for this condition within the past 3 months. We need a referral from your hospital clinic to make sure physiotherapy is appropriate.
- you have attended Accident and Emergency or Minor Injuries Unit within the past 2 weeks for your condition. We need a referral from your hospital clinic.
- you require a home visit. Please ask your GP to refer you to Community Rehab Services.
- you are under **14** years old. Please ask your GP to refer you to Children's Services.

**Please complete the self referral form and submit by post or by hand to your nearest Physiotherapy department.**

**[www.nhsggc.org.uk/your-health/health-services/msk-physiotherapy/](http://www.nhsggc.org.uk/your-health/health-services/msk-physiotherapy/) for details.**

We will add your referral to the waiting list. When you reach the top of the waiting list we will send you a letter asking you to contact our booking centre to arrange an appointment.

**Please note:**

- incomplete referrals will be returned for completion.
- if your referral is not appropriate for our service we will send you a letter to tell you.
- we do not send out letters acknowledging that we have received your referral.

**Information to help you manage your condition is available at: [www.nhsinform.scot/msk](http://www.nhsinform.scot/msk)**

# Adult MSK Physiotherapy Self Referral Form

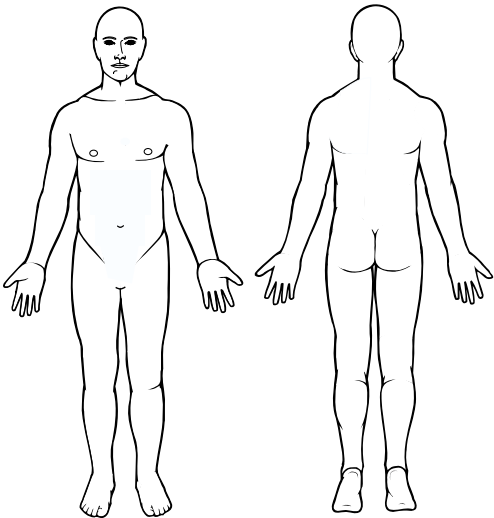
For Office use only: CHI: \_\_\_\_\_

<p><b>Please consult your GP URGENTLY or NHS 24 on telephone number: 111</b>  <b>if you have recently or suddenly developed:</b></p> <ul style="list-style-type: none"> <li>difficulty passing urine or controlling bladder / bowels</li> <li>numbness or tingling around your back passage or genitals</li> <li>numbness, pins and needles or weakness in <b>both</b> legs</li> </ul>	<p><b>Please inform your GP of this referral if you:</b></p> <ul style="list-style-type: none"> <li>have recently become unsteady on your feet</li> <li>are feeling generally unwell / fever</li> <li>have a history of cancer</li> <li>have any unexplained weight loss</li> </ul>
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**Please refer to guidance on the front of this form and complete questions in black ink.**

Date		Name	
Address			
Post Code		<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth		Occupation	
Telephone	(home)	(work)	(mobile)
GP Name		GP Address	

**Do you have any special requirements? (e.g. interpreter)** No  Yes

<p><b>Please mark on the diagram the location of your problem:</b></p> 	<p><b>Please briefly describe your current problem:</b></p> <hr/> <p>Is this problem new? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your problem due to a recent fall or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you attended MSK Physiotherapy in the past 12 months for this problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please tick any clinics you have attended for this problem</p> <p><input type="checkbox"/> Pain <input type="checkbox"/> Rheumatology <input type="checkbox"/> Orthopaedics</p> <p><input type="checkbox"/> Other please state: _____</p>
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**Tick one box only for each question**

**How long have you had your current problem?**  
 Less than 2 weeks  2-12 weeks  more than 12 weeks Please state how long: \_\_\_\_\_

**Is your problem getting?**  Worse  Better  Not changing

**If in pain, how would you describe it?**  Mild  Moderate  Severe

**If in pain, does it come and go?**  No  Yes

**Is pain disturbing your sleep?**  No  Yes, woken up from sleep  Yes, unable to sleep at all

**Are your day to day activities affected by your problem?**  
 Not at all  Mildly  Moderately  Severely

**Are you off work because of this problem?**  No  Yes If yes, how long: \_\_\_\_\_  N/A

**Are you a Carer and unable to provide care because of this problem?**  No  Yes

**Is your problem from an injury sustained during active military service?**  No  Yes