

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/ 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

Adult MSK Physiotherapy Self Referral Form

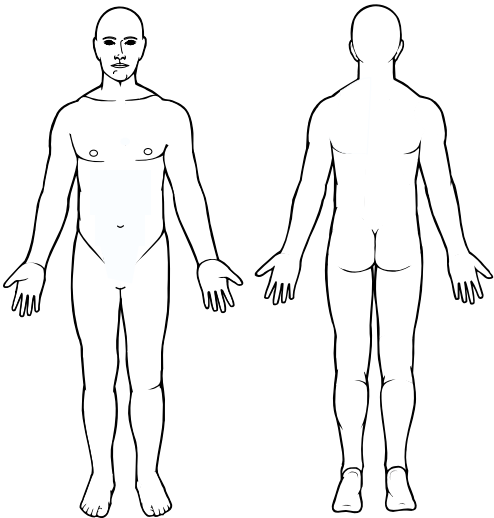
For Office use only: CHI: _____

<p>Please consult your GP URGENTLY or NHS 24 on telephone number: 111 if you have recently or suddenly developed:</p> <ul style="list-style-type: none"> difficulty passing urine or controlling bladder / bowels numbness or tingling around your back passage or genitals numbness, pins and needles or weakness in both legs 	<p>Please inform your GP of this referral if you:</p> <ul style="list-style-type: none"> have recently become unsteady on your feet are feeling generally unwell / fever have a history of cancer have any unexplained weight loss
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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>Please mark on the diagram the location of your problem:</p> 	<p>Please briefly describe your current problem:</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