



# Do you need Physiotherapy?

Self-referral for patients of Crawley Down, Judges Close, Moatfield, Pound Hill & Ship Street Surgeries

### Do you think you need physiotherapy?

If you are a registered patient at Crawley Down, Judges Close, Moatfield, Pound Hill or Ship Street Surgery, you can now see a physiotherapist without having to see your GP first.

A form is attached to this leaflet. You can also pick up forms from the physiotherapy department at the Queen Victoria Hospital or you can complete it online or download one from our website:

#### www.qvh.nhs.uk

- > Our services
- > Therapies
- > Musculoskeletal physiotherapy

At this address you will also find some self- help leaflets for common conditions that you may wish to use initially.

If you have any concerns you can always be referred for physiotherapy in the usual way by your GP – please make an appointment as usual.

Unfortunately this service is not available if you are under 18.

#### Not sure if physiotherapy is right for you?

Physiotherapy can be particularly beneficial if you are suffering from low back pain, neck pain, recent injuries such as strains and sprains, or joint and muscular pain.

#### What will happen next?

A physiotherapist will look at your form. We will then contact you with an appointment based on the information you have supplied. Depending on the nature of your condition you may be placed on a waiting list for physiotherapy. If you have any concerns you should make an appointment with your GP.

## What can I do to help myself in the meantime?

Research has shown that resting for more than a day or so does not help and may actually prolong pain and disability. You may need to modify your activities initially, but the sooner you get back to normal activity the sooner you will feel better. Changing your position or activity frequently through the day will help to prevent and reduce stiffness. Try to build up your general activity gradually.

#### **Painkillers**

Over the counter painkillers can be helpful. A pharmacist will be able to advise you on the appropriate tablets. If your symptoms continue to worsen you may wish to see your GP.

Reducing pain is important as this will help you to get better. Any form of pain relief that helps should be used e.g. heat, cold or TENS.

#### **Referring yourself to Physiotherapy**

Please complete this form to refer yourself to physiotherapy and return it to:

Physiotherapy Department Queen Victoria Hospital Holtye Road RH19 3DZ

Phone 01342 414004

Please note getting a referral directly from your GP will not be quicker than self-referral, neither will a self-referral give you fast track access to physiotherapy.

Sussex MSK Partnership Central

Name: Click here to enter text.	Today's Date: Click here to enter a date.	Is your pain constant (present ALL the time)?  Yes  No  No  Mild  Moderate  Severe
Date of Birth: Click here to enter a date.	Occupation: Click here to enter text.	Is pain disturbing your sleep? Yes, difficulty getting to sleep $\Box$ No $\Box$ Yes, woken up from sleep $\Box$ Yes, unable to sleep at all $\Box$
Address: Click here to enter text.  Click here to enter text.  Click here to enter text.	Your GP's name: Click here to enter text.	Are you off work because of this problem? Yes $\square$ No $\square$ N/A $\square$ If yes, how long?
Postcode: Click here to enter text.	Your GP surgery: Click here to enter text.	Are you unable to care for/look after someone because of this problem? Yes $\Box$ No $\Box$ N/A $\Box$
Your phone numbers – can we leave a messa Home: Click here to enter text.	age at these numbers?  Yes □ No □	Have you previously served in the military? Yes $\Box$ No $\Box$ N/A $\Box$
Work: Click here to enter text.  Mobile: Click here to enter text.	Yes □ No □ Yes □ No □	Are your day to day activities affected by your pain? Not at all $\square$ Mildly $\square$ Moderately $\square$ Severely $\square$
Email: Click here to enter text.		Brief details of other relevant medical history (e.g. previous operations or illness): Click here to enter text.
Do you have any special requirements (e.g. interpreter)? Yes $\Box$ No $\Box$ Please describe: Click here to enter text.		Any current medications: Click here to enter text.
Please describe your current pain, problem or symptoms: Click here to enter text.		Who suggested physiotherapy to you, or was it your own idea?  GP □ Friend □ Own idea □ Other □
Is your pain or problem due to a recent fall or injury? Yes $\square$ No $\square$ 111 (dial 111) if you have recently or suddenly referral if you:		111 (dial 111) if you have recently or suddenly referral if you:
How long have you had your current problem? Click here to enter text.	Is your problem getting: Worse □ Better □ Not changing □	<ul> <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 both legs</li> <li>on your feet</li> <li>are feeling generally unwell or feverish</li> <li>have a history of cancer</li> <li>have any unexplained weight loss</li> </ul>
Is the problem: New $\square$ Return of an old problem $\square$	Have you been treated for this at QVH before? Yes $\square$ No $\square$	