



### Self-referral to physiotherapy

Please complete this form to self-refer yourself to Physiotherapy and either bring it with you when you attend for your first appointment -or send it to one of the locations identified on the back page.

<b>Name</b>	<input type="text"/>	<b>GP's name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>GP's Surgery Address</b>	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Can we leave a message at these numbers?

**Phone no. (home)**

**Yes**  **No**

**Phone no. (work)**

**Yes**  **No**

**Phone no. (mobile)**

**Yes**  **No**

**Date of birth**

**Today's date**

Please note no under 16's accepted

**Do you require an interpreter?** **Yes**

**No**

**If yes, which language?**

**Please give a brief description of why you want a physiotherapy assessment:**

**How long have you had this complaint?** (please tick)

Days       Weeks       Months       Years

Is the problem      New?       Ongoing?

Are the symptoms worsening?      Yes       No

If you have back pain with leg pain –have you had difficulties passing or  
controlling urine ?      Yes       No

Have you suddenly lost weight without trying ? Yes       No

**Previous Medical History :**

**Medication : (Please bring a list of your current medication with you  
when you attend your appointment)**

**It may be necessary for you to get undressed so please wear  
appropriate underwear or bring shorts with you so that we can see the  
part of the body that requires assessment and treatment.**

**It may be necessary for us to communicate with your Doctor after this  
appointment either to provide us with information to support our  
assessment or to provide your Doctor with information about how we  
have treated you . If you are happy to consent to this please sign below**

**Signature :**

**Date :**

**Thank you Physiotherapy Department Heart of England Foundation Trust**

**Self –referral Locations**

Please either ring the relevant contact number as outlined below, or post your referral to the correct address to enable your referral to be processed.

1. **PHYSIOTHERAPY APPOINTMENTS IN SOLIHULL COMMUNITY**

**CONTACT CENTRAL BOOKING ON 0121 329 0107**

**Or Post to :**

**Physiotherapy Department, Chelmsley Wood Primary Care Centre  
Crabtree Drive, Chelmsley Wood B37 5BU**

For Physiotherapy Appointments at the following locations :

Balsall Common Health Centre  
Chelmsley Wood Primary Care Centre  
Freshfields Health Centre Knowle  
Haslucks Green Medical Centre  
Hobs Moat Medical Centre Solihull  
Hurst Lane Clinic Castle Bromwich  
Northbrook Health Centre Shirley  
Shirley Clinic  
Yew Tree Surgery Solihull

2. **PHYSIOTHERAPY APPOINTMENTS IN THE ACUTE HOSPITALS**

**CONTACT CENTRAL BOOKING ON 0121 424 5446**

**Or Post to :**

**Solihull Hospital Physiotherapy Department ,Lode Lane  
Solihull B91 2JL**

For Physiotherapy Appointments at the following locations :

Birmingham Heartlands Hospital  
Good Hope Hospital Sutton Codfield  
Solihull Hospital

**Please note that a G.P. referral is still required for the following :**

- All Neurological Conditions e.g. Any disease affecting the central or peripheral nervous system such as Multiple Sclerosis, Parkinsons Disease, Stroke
- All Respiratory Conditions e.g. Any disease affecting the airways and the ability to breathe correctly such as Asthma, Bronchiectasis, Pulmonary Disease
- All Incontinence Problems and Gynaecological Problems
- Anyone under the age of 16
- All patients requiring a home visit

If you are uncertain about whether you can self-refer or not please contact one of the central booking numbers above for advice.