

Physiotherapy Self-Referral Form

Your first appointment will be a telephone call from a physiotherapist to discuss your needs.
If you are under a consultant for the problem you are considering referring yourself for, unfortunately we are unable to see you for this without a referral from your consultant.

Patient Details - Please complete this form as clearly and accurately as you can.

Today's date: _____ Your date of birth: _____

Your name: _____

Address: _____

Postcode: _____ email: _____

GP name: _____ GP Practice: _____

Self referral source: Self referral GP recommendation FCP recommendation

PLEASE NOTE: The quickest way to receive a response from our team is by requesting a telephone call.

What is the best number to contact you on? Do we have your consent to message via text/voicemail?

Tel. Number: _____ Yes No

Preferred time: 8am - 1pm 1pm - 6pm

You will be contacted on receipt of this referral on the number provided.

If you do not wish to receive a phone call please tick this box ☐

Could you please share your reason for declining a phone call: _____

If you require an interpreter, visual aids, or sign language support, please specify your needs and/or preferred language.

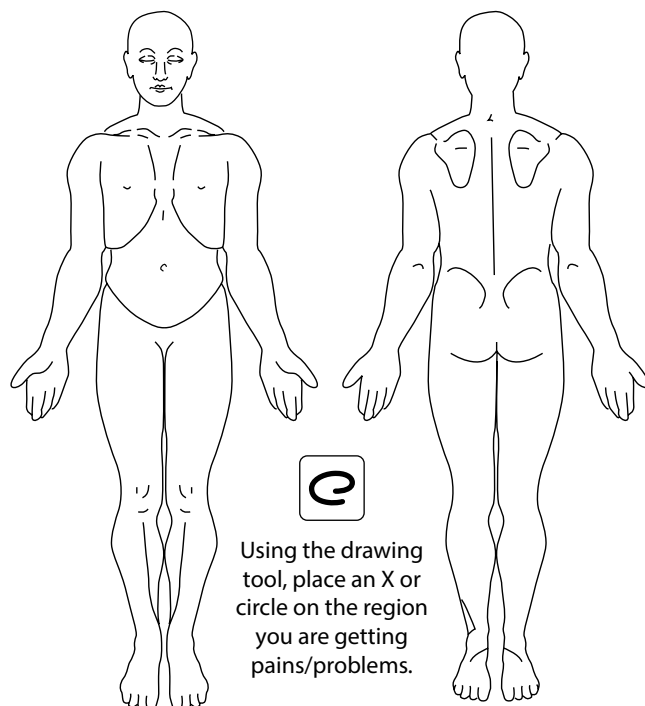
Physiotherapy Requirements

What is your main problem? Please give a brief description of why you would like a physiotherapy assessment:

Past medical history / medical conditions

Medication currently taking

Is your current problem preventing you from working in your normal job? Yes No N/A



If a face-face consultation is required following the telephone contact, which site would you prefer to be seen at?

Glenfield Hospital	Leicester General hospital
Leicester Royal Infirmary	No preference

Once completed please return form to:

email: uhlphysioreferrals@uhl-tr.nhs.uk

Or post to: Physiotherapy Department
Glenfield Hospital, Groby Road, Leicester, LE3 9QP

Important - Save any changes before closing the file.