

## Physiotherapy Referral Form

**For over 14s and adults**

(All under 16s must be accompanied by a parent/official guardian)

If you have difficulty completing this form, contact the Physiotherapy Department on 01595 74 3323.

If you have back pain and recently or suddenly developed any of the following, please consult your **GP URGENTLY** or call **NHS 24 (Telephone: 111)**.

- 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

**Full name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Registered Health Centre:** \_\_\_\_\_

**Contact Numbers:**

**Can we leave a message on this number?**

**Home:** \_\_\_\_\_

**Yes/No**

**Work:** \_\_\_\_\_

**Yes/No**

**Mobile:** \_\_\_\_\_

**Yes/No**

Reason for referral to Physiotherapy:  
Please give details.

1. Is this a new or existing problem?

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2. Have you seen your GP/another healthcare practitioner/physiotherapy about this problem?

If Yes, please give details (e.g. by who, what was the outcome?)

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**Past Medical History:**

3. Please list all conditions you have been diagnosed with and operations/illnesses you have had:

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4. Are you housebound?

Yes

No

**Details of person completing this form:**

<b>Name:</b>	
<b>Telephone /email:</b>	
<b>Designation/relationship:</b>	
<b>Has the person agreed to this referral?</b>	
<b>Date:</b>	

*By returning this form I confirm that I wish to access this service. I also accept that the information I have provided will be processed in line with the NHS Shetland Privacy Notice, available at: <https://www.nhssheland.scot/rights/privacy-notices>*

Please return to:

[shet.physiotherapy@nhs.scot](mailto:shet.physiotherapy@nhs.scot)

or

**Physiotherapy Department, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB**