

**PERTH AND KINROSS  
PHYSIOTHERAPY SERVICE**



**PHYSIOTHERAPY REFERRAL FORM**

**TO BE COMPLETED BY THE REFERRER**

<b>DATE OF BIRTH/CHI:</b>	..... / .....
<b>PATIENTS NAME:</b>	.....
<b>ADDRESS:</b>	..... ..... .....
<b>DATE OF REFERRAL:</b>	.....
<b>REFERRING PRACTICE:</b>	Yellow Practice – Drumhar Health Centre – Perth PH1 5PD

**SELF  
REFERRAL**

The questions overleaf are to be completed by the patient.

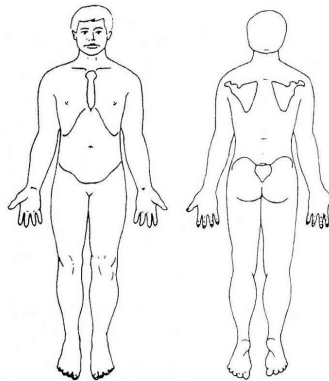
Please complete and return this form to the Physiotherapy Department, Rehabilitation Unit, Perth Royal Infirmary, Perth, PH1 1NX. If you do not return this form we will not know that you need Physiotherapy and you will NOT be sent an appointment.

1. Please shade in the area of your problem on the body chart.

2. How did your symptoms start?  
 Injury  Other (please state) \_\_\_\_\_

3. How long have you had your symptoms?  
 \_\_\_\_\_

4. Are you:  
 Employed  Unemployed   
 Retired  Other (please state) \_\_\_\_\_



5. Are you off work because of your symptoms? Yes  No   
 If yes, how long for? \_\_\_\_\_

6. Are you housebound? Yes  No

7. What are your current medical conditions/other problems?  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Are you taking any medication now? Yes  No   
 If yes please list \_\_\_\_\_

9. Please score your average level of pain, where 0 is no pain and 10 is the worst pain you can imagine  
 0 1 2 3 4 5 6 7 8 9 10  
 No pain Worst pain

10. Please score the average times your pain stops you sleeping where 1 is sleeping fine and 10 is not sleeping at all  
 0 1 2 3 4 5 6 7 8 9 10  
 Sleeping fine Not sleeping at all

11. If you have back and leg pain have you developed problems with your bladder or bowel? Yes  No   
 If yes please describe \_\_\_\_\_

12. Phone No: Home ..... Work .....