Ground Floor



Regent Point

Regent Farm Road

Gosforth

Newcastle upon Tyne

NE3 3HD

Tel: 0191 2821188

Email: newcastle.ohs@nhs.net

NEWCASTLE OHS PHYSIOTHERAPY SELF REFERRAL

If you are experiencing a musculoskeletal problem(s) that is effecting how you carry out your job NewcastleOHS offers self-referral to physiotherapy. Please read the self-help information on the intranet before completing the referral request form.

#### Please email the form to newcastle.ohs@nhs.net

NOTE: to ensure the security of data the referral should preferably be sent from an NHS net account.  If you do not have an NHS mail account it can be sent from your NUTH account

**Due to COVID 19 we are unable to offer face to face appointments please indicate if you would prefer a TELEPHONE □ or a VIDEO□ appointment**

PLEASE COMPLETE NEXT PAGE

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| --- |
| PRIVATE AND CONFIDENTIAL |
| Name:Date of Birth:Address:Contact Number:Email: Manager:Current Job role: Site (RVI/FRH): |
| Please highlight the area(s) where you are experiencing symptoms: |
| Back | Neck | Shoulder | Elbow | Wrist/Hand  | Hip | Knee | Foot/Ankle |
| You will be contacted confirming the time, date and location of your assessment. **Please note** Your physiotherapist may need to share information with the Occupational Health team or with your GP. |
| Please indicate the answers to the questions below | Yes | No |
| Are you currently at work?  |  |  |
| Have you accessed the self-help leaflets  |  |  |
| Have you seen a GP/Physiotherapist in respect of your symptoms? |  |  |
| Has a referral been made to Newcastle OHS by your manager |  |  |
| **Reason for referral:**  |

PLEASE COMPLETE NEXT PAGE

1. **How long have you had your current pain problem? Highlight one.**

0-1 weeks (1) 1-2 weeks (2) 3-4 weeks (3) 4-5 weeks (4) 6-8 weeks (5)

9-11 weeks (6) 3-6 months (7) 6-9 months (8) 9-12 months (9) over 1 year (10)

1. **How would you rate the pain that you have had during the past week? Highlight one.**

0 1 2 3 4 5 6 7 8 9 10

*No pain*  *Pain as bad as it could be*

**Please highlight the one number which best describes your current ability to participate in each of these activities.**

1. **I can do light work for an hour.**

0 1 2 3 4 5 6 7 8 9 10

*Can’t do it because Can do it without pain*

*of the pain problem being a problem*

1. **I can sleep at night.**

0 1 2 3 4 5 6 7 8 9 10

*Can’t do it because Can do it without pain*

*of the pain problem being a problem*

1. **How tense or anxious have you felt in the past week?**

0 1 2 3 4 5 6 7 8 9 10

 *Absolutely calm and relaxed As tense and anxious as I’ve ever felt*

1. **How much have you been bothered by feeling depressed in the past week?**

0 1 2 3 4 5 6 7 8 9 10

*Not at all Extremely*

1. **In your view, how large is the risk that your current pain may become persistent?**

0 1 2 3 4 5 6 7 8 9 10

 *No risk Very large risk*

1. ***I*n your estimation, what are the chances you will be working your normal duties in 3 months?**

0 1 2 3 4 5 6 7 8 9 10

 *No chance Very large chance*

1. **An increase in pain is an indication that I should stop what I’m doing until the pain decreases.**

0 1 2 3 4 5 6 7 8 9 10

 *Completely disagree Completely agree*

1. **I should not do my normal work (at work or home duties) with my present pain.**

0 1 2 3 4 5 6 7 8 9 10

 *Completely disagree Completely agree*

Email the completed form to Newcastle.ohs@nhs.net with subject as: Physiotherapy self-referral