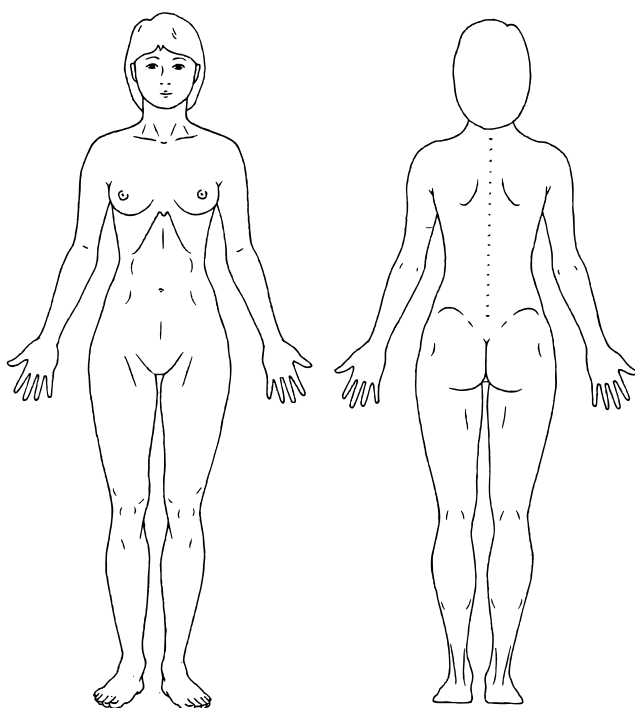


Patient Completed Self Referral Form

Please complete all parts of this form and hand it in or send to the Physiotherapy department at the above address

CHI		Date:
Name		GP:
Address		
Post Code		Estimated Delivery Date (EDD):
Telephone		
		<p>Please mark on the diagram the location of your problem.</p> <p>Where is your pain?</p> <p>Please describe your current problem and symptoms below:</p>
<p>How long have you had your current problem?</p> <input type="checkbox"/> Less than 2 weeks <input type="checkbox"/> 2-6 weeks <input type="checkbox"/> 7-12 weeks <input type="checkbox"/> Longer than 12 weeks		
<p>Is your problem getting? <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Not changing</p>		
<p>How would you describe your pain? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>		
<p>Is your pain constant (i.e. present all the time)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Are you off work because of this problem? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes how long?</p>		
<p>Are you unable to care for or look after someone because of this problem? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Are your day to day activities affected by your pain?</p> <input type="checkbox"/> Not at all <input type="checkbox"/> Mildly <input type="checkbox"/> Moderately <input type="checkbox"/> Severely		
<p>Have you attended physiotherapy during this pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Please consult your GP urgently or NHS 24 on telephone Number: 111</p> <p>If you have recently or suddenly developed:</p> <ul style="list-style-type: none"> • Difficulty passing urine or controlling bladder or bowel • Numbness or tingling around your back or front passage 		<p>Please contact Maternity Assessment Unit if you have any of the following:</p> <ul style="list-style-type: none"> • Bleeding • Reduced fetal movement