

**PHYSIOTHERAPY REQUEST FORM****PHYSIO DIRECT****01480 434980****Current hours of operation are Mon –Fri 8.15am-12.15pm.****TELEPHONING THIS NUMBER IS THE QUICKEST WAY TO ACCESS OUR SERVICE .****You will be able to speak DIRECTLY to a physiotherapist who can give you immediate advice and arrange an appointment if this is necessary.****Alternatively, if you would prefer to be placed on our waiting list for an appointment please complete this form and hand it in to your local Physiotherapy Clinic, GP surgery or to the Physiotherapy Department at Hinchingsbrooke Hospital.****You can also post it to:****Outpatient Physiotherapy Department****Hinchingsbrooke Hospital****Hinchingsbrooke Park****Huntingdon****Cambs****PE29 6NT**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone no. \_\_\_\_\_

\_\_\_\_\_

Alternative no. \_\_\_\_\_

\_\_\_\_\_

G.P. Surgery \_\_\_\_\_

Postcode \_\_\_\_\_

Please give a **brief** description of why you feel you need a physiotherapy appointment.

Have you consulted your G.P about this problem?  YES  NO

How long have you had the current problem for? \_\_\_\_\_

Are you signed off sick **for this problem?**  YES  NO

How long have you been off sick \_\_\_\_\_

Have you had this problem before?  YES  NO

Have you attended physiotherapy before for this problem  YES  NO

When ? \_\_\_\_\_

Do you have any pins and needles(tingling) linked to this problem?  YES  NO

Do you have any numbness linked to this problem?  YES  NO

Does your problem cause you to wake **every** night?  YES  NO

Are you unable to find **any** position to lessen the pain  YES  NO

**Where would you like to receive your treatment ?**

Hinchingbrooke  St Ives

St Neots  Ramsey

Kimbolton  Sawtry

**Would you prefer a morning or an afternoon appointment or either?**

Morning  Afternoon  Either

**Waiting Times**

Due to high demands on our service, waiting times will apply at all clinics. This is subject to change but are generally equal at all sites.

**N.B**

The Physiotherapy Service does not provide emergency care. If you suspect you have sustained a serious injury/broken bone then you should visit your nearest A and E department or telephone your surgery for further advice.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_