

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 _____