

Physiotherapy Assessment - Request Form

- ⇒ If you would like a physiotherapy appointment, please fill in this form.
- ⇒ Then hand it in, or send it, to the physiotherapy clinic/ health centre you wish to attend (see overleaf).
- ⇒ Some clinics accept telephone referrals (see overleaf).
- ⇒ The clinic will then arrange an appointment with you. Waiting times may vary.
- ⇒ We will inform your GP that you have attended physiotherapy.

***If your problem requires urgent attention, is severe or getting worse,
please see your GP or seek more urgent medical attention***

SURNAME
(Please use CAPITALS throughout)

Today's Date

First name

Date of birth ... Adults only

GP's name

GP surgery

ADDRESS

GP's Tel No. ☎

.....

Postcode

CHI number
(if known, on your medical card, or from your GP)

Tel ☎ Home

Work

Mobile

Where is your problem(s) that you wish the physiotherapist to assess?

- | | | |
|--|--|--|
| <input type="checkbox"/> Neck or upper back | <input type="checkbox"/> Lower back | <input type="checkbox"/> Bladder problems |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip | <input type="checkbox"/> Walking or mobility (including neurological problems) |
| <input type="checkbox"/> Elbow, forearm, wrist or hand | <input type="checkbox"/> Knee or thigh | <input type="checkbox"/> Other..... |
| | <input type="checkbox"/> Below the knee, ankle or foot | |

How long have you had this problem?

Have you had this problem before? Yes No When?.....

Have you attended physiotherapy before? Yes No When?Which clinic?

I have pins and needles (or tingling) linked to this problem Yes No

I have numbness (unable to feel the skin) linked to this problem Yes No

I am off work because of this problem Yes No

I am waking every night because of this problem Yes No

I cannot find any position to lessen the pain Yes No

Office use Physiotherapist's nameSignature.....

Triage Routine

Date form received Date of first appointment Date Discharge letter sent

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Diagnostic Code Outcome D/C Entered

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Diagnosis.....

SURNAME, Initial

Physiotherapy Department that you wish to attend

		Tick <input checked="" type="checkbox"/>
Craigroyston Health Clinic	1b Pennywell Road, EH4 4PH	
Gracemount Medical Centre ☎ 672 9460 (ansaphone states when drop in clinics are available)	24 Gracemount Drive, EH16 6RN	<i>Drop in clinic – please telephone to check times</i>
Kirkliston Health Centre	50 The Glebe, Kirkliston, EH29 9AS	
Leith Community Treatment Centre ☎ 536 6370	12 Junction Place, EH6 5JA	
Mountcastle Health Care Centre	132 Mountcastle Drive South, EH15 3LL	
McLeod Street Physiotherapy Clinic	22b McLeod Street, EH11 2NH	
Pentlands Health Centre ☎ Between 8.30am–12.30pm 449 8660	Pentland View, Currie, EH14 5QB	
Sighthill Health Centre	380 Calder Road, EH11 4AU	
South Queensferry Health Centre ☎ 537 4440	41 The Loan, South Queensferry, EH39 9HA	
Slateford Health Centre <i>(Physiotherapy department opening soon)</i>		
Thistle Foundation	Niddrie Mains Road, EH16 4EA	
Tollcross Health Centre	Ponton Street, EH3 9QQ	
University Health Centre	6 Bristo Square, EH8 9AL	
Wester Hailes Health Centre	7 Murrayburn Gate, EH14 2SS	
Whinpark Health Centre	6 Saughton Road, EH11 3RA	

☎ These physiotherapy departments are able to answer telephone calls to book a new appointment. For all other Physiotherapy Departments please send or hand in this form to the clinic you wish to attend.

Waiting times

There are waiting times for physiotherapy in most clinics.

Information is available at each clinic, or at www.ecps.scot.nhs.uk.

Many clinics aim to offer a 10-15minute early advice appointment within 10 working days.

Home visits

These can only be arranged with medical referral.

Your GP can arrange this if necessary.