ADDENBROOKE’S HOSPITAL
PHYSIOTHERAPY SELF REFERRAL FORM

For patients registered with a GP

Outpatient Physiotherapy Department
Addenbrooke’s Hospital, Hills Road,
Cambridge CB2 0QQ

You may fill out this form and return it to us at the above address or hand it in to your GP. You will be placed on a waiting list to be seen. Waiting times can vary based on demand.

We are unable to accept referrals for those under the age of 16.

Please note: the physiotherapy service does not provide emergency care. If you suspect you have sustained a serious injury/broken bone you should visit your nearest A&E department or telephone your surgery for further advice.

Full Name: ________________________          Date of Birth _________________________
Daytime phone no: ___________________           Mobile no: _________________________
Are you happy for us to leave an answer phone message? YES/ NO
Address: ________________________             GP ____________________________
______________________________________       Surgery ____________________________
______________________________________
Postcode: ________________________   NHS Number:(if known) ____________________
Please complete ALL questions

1. Have you consulted your GP about this problem? YES/NO

2. Are you symptoms: IMPROVING WORSENING STAYING THE SAME

3. How long have you had the current problem? _________________

4. Are you signed off sick for this problem? YES/NO

5. How long have you been off sick? _________________

6. Have you attended physiotherapy before for this problem? YES/NO

7. If so when? _________________

8. Does your problem cause you significant sleep loss every night? YES/NO

9. If yes, how frequent and how long?

10. Do you have a personal history of cancer? YES/NO

11. Are you currently pregnant? YES/NO

12. If so how many weeks pregnant are you? _________________

Signature: __________________________ Date: _________________________