Community MSK Physiotherapy Self-Referral Form

This service is for people of **any age** with musculoskeletal problems. You may self-refer from the age of 16. If you don’t want to self-refer (i.e. owing to communication difficulties), or are under the age of 16, you can be **referred via your GP.**

# How do you refer yourself to community MSK physiotherapy?

There are 10 potential physiotherapy providers to choose from.

1. Please look at the information on the back, especially the services that physiotherapists DO NOT provide, and decide which physiotherapist you want.
2. Please contact the relevant physiotherapy organisation (contact options on the back).
3. If contacting by telephone, the physiotherapist will fill in the form for you, based on your information. For all other routes, you will need to complete the self-referral form yourself.

**Do not self-refer** and please consult with your **GP/A&E URGENTLY** if you have **recently or suddenly developed: • Difficulty passing urine or controlling bladder / bowels**

**• Numbness or tingling around your back passage or genitals**

**• Numbness, pins and needles or weakness in both legs**

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| NAME: | DOB: | Date: |
| ADDRESS: | POST CODE: | TELEPHONE (Main): |
| E-MAIL: | TELEPHONE (Other): |
| NHS number (if known): | Are you a main carer for someone? | |
| GP NAME and ADDRESS: | | |
| Would you prefer (please indicate): Telephone advice / a face to face appointment | | |
| bodychartPlease describe your current problem and symptoms (i.e. where is your pain? Is it a recent injury? Do you have any pins and needles or numbness?). Indicate pain areas on the picture. | | |
| How long have you had the problem? | | |
| Are you off work with this problem? If yes, for how long? | | |
| Is the problem getting: Better / Worse / Staying the same | | |
| Do you have any other conditions/operations which may be relevant to treatment? | | |
| Have you been to physiotherapy before for this condition? If so, who and when? | | |
| Do you have communication difficulties? If yes, please clarify: | | |
| Is an interpreter needed? If yes, which language? | | |
| I (the person named on this form) confirm that the information given on this form is accurate; I further agree to it being used/shared as required for the treatment of my MSK condition, as identified in the documentation above.  Signature: | | |

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| Organisation | **Abacus** |
| Main location (for drop in) or postal address | Freshney Green Primary Care Centre, Sorrel Road, Grimsby, DN34 4GB |
| Email | [enquiries@abacusphysio.co.uk](mailto:enquiries@abacusphysio.co.uk); [agcsu.abacusphysio@nhs.net](mailto:agcsu.abacusphysio@nhs.net) |
| Phone number | 01507 602412 |
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| Organisation | **Achilles** |
| Main location (for drop in) or postal address | Achilles Centre, 6 Dudley Street, Grimsby, DN31 2AB |
| Email | [nelccg.achilles-physiotherapy@nhs.net](mailto:nelccg.achilles-physiotherapy@nhs.net);[info@achillescentre.com](mailto:info@achillescentre.com) |
| Phone number | 01472 250800 |
| Exclusions | Under 16’s  MSK issues relating to pregnancy |
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| Organisation | **Ascenti** |
| Main location (postal address) | NHS Department, Carnac House, Carnac Court, Cams estate, Fareham, PO168UZ |
| Email | [rhardiman@ascenti.co.uk](mailto:rhardiman@ascenti.co.uk); [ascenti.referral@nhs.net](mailto:ascenti.referral@nhs.net) |
| Phone number | 0330 678 0851 - please note you will be directed to the online referral form to complete |
| URL (for self-referral form) | [www.ascenti.co.uk/nel-self-referral](http://www.ascenti.co.uk/nel-self-referral) **(preferred method)** |
| Clinics (please note, if you attend a clinic as a first contact you will be given a self-referral form and asked to complete it and post it back) | The Roxton Practice, 143 Pelham Road, Immingham, DN40 1JW  Blundell Park Surgery, DN35 7DL Clee Medical Centre, DN35 7XE Greenlands Surgery, DN31 3AE Healing Health Centre, DN41 7JB Laceby Village Surgery, DN37 7HX Scartho Medical Centre, DN33 3JF The Cromwell Primary Care Centre, DN31 2BH Weelsby View - Drs Chalmers & Meier, DN32 9SW Weelsby View - The Roxton, DN32 9SW  Group rehabilitation classes: Oasis Health Club, DN31 3HB |
| Exclusions | Complex/specific treatment requirements – these will be reviewed on a case by case basis and may require an onward referral (via the GP)/recommendation to an alternative service following clinical review |
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| Organisation | **Capital Physio** |
| Main location (for drop in) or postal address | Oasis Health Club, Orwell St, Grimsby DN31 3HB |
| Email | [NHS@capitalphysio.com](mailto:NHS@capitalphysio.com) |
| Phone number | 03303330435 |
| Additional clinics | Open Door Surgery, Albion Street, Grimsby, DN32 7DL  Centre4, 17A Wootton Rd, Grimsby DN33 1HE Cromwell Primary Care Centre, Cromwell Road, Grimsby, DN31 2BH |
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| Organisation | **Care UK** |
| Main location (for drop in) or postal address | [Pilgrim Primary Care Centre Pelham Road, Immingham. DN40 1JW](https://www.bing.com/local?lid=YN1029x4299997449274199392&id=YN1029x4299997449274199392&q=The+Roxton+Practice&name=The+Roxton+Practice&cp=53.6179428100586%7e-0.205904394388199&ppois=53.6179428100586_-0.205904394388199_The+Roxton+Practice) |
| Email | [CUK.referrals-lincsmskcats@nhs.net](mailto:CUK.referrals-lincsmskcats@nhs.net) |
| Phone number | 0333 200 1722 |
| Exclusions | Patients under 18  Patients with suspicion of cancer, unless part of a cancer treatment plan |
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| Organisation | **HS Physiotherapy** |
| Main location (for drop in) or postal address | Post: Office 11, Boston Enterprise Centre, Enterprise way, Boston, PE21 7TW |
| Email | admin.hsphysio@nhs.net |
| Phone number | 03330147700 |
| Additional clinics | Raj Medical Centre, 07 Laceby Rd, Grimsby DN34 5LP  Quayside Medical Centre & Open Door Centre, Albion Street, Grimsby, DN32 7BL |
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| Organisation | **InHealth Group** |
| Main location (for drop in) or postal address | Drop in: Taylors Ave Med Practice. Cleethorpes  Post: IPMs, Longfields Court, Wharncliffe Business Park, Middlewoods way, Barnsley, S71 3GN, Fax 01226 693056 |
| Email | [pms.mailbox@nhs.net](mailto:pms.mailbox@nhs.net) |
| Phone number | 0800 0662119 |
| Additional clinics | Quayside Medical Centre & Open Door Centre, Albion Street, Grimsby, DN32 7BL |
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| Organisation | **NLaG** |
| Main location (drop in) or postal address | Physiotherapy department, Diana princess of Wales Hospital, Scartho road, Grimsby DN33 2BA |
| Email | nlg-tr.physiotherapy@nhs.net |
| Phone number | 03033 304576/ 304577 |
| Additional clinics | Birkwood Medical Centre, Westward Ho, Grimsby DN34 5BH  Beacon Primary Care Centre, St Hugh’s Avenue Cleethorpes, St Hugh's Ave, Cleethorpes DN35 8EB |
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| Organisation | **Physio-Works** |
| Main location | 367 St Nicholas Drive, Wybers Wood, Grimsby, DN37 9RD (for drop in, treatment of all NEL residents/those with an NEL GP or postal address) |
| Email | [julie.varley2@nhs.net](mailto:julie.varley2@nhs.net); [info@physio-works.org](mailto:info@physio-works.org) |
| Phone number | 01472 882197 **(preferred contact for self-referral)** |
| Additional clinics (only for patients of that GP practice) | Church View Medical Centre  - Pelham Medical  - Chantry Medical  Taylor’s Avenue Medical Centre;  - Lynton Practice  - Qureshi |
| Exclusions | Acupuncture |
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| Organisation | **Premier physical Health** |
| Main location postal address | The Busworks, 39-41, North Road, London N7 9DP |
| Email | [Wayne.Llewellyn@premierphysicalhealthcare.co.uk](mailto:Wayne.Llewellyn@premierphysicalhealthcare.co.uk) |
| Phone number | 07970297936 |