Occupational Health Service

EARLY ACCESS PHYSIOTHERAPY REFERRAL FORM

**Private and Confidential**

|  |
| --- |
| **PART ONE - To be completed prior to Physiotherapy treatment** |

Name

Department

Telephone Email

1. Referred by: self  OH
2. Reason for referral

|  |
| --- |
|  |

1. Are you currently: at work  off work
2. How long have you had symptoms?

<2 weeks

* 1. weeks
  2. weeks

>8 weeks

1. Have you needed to take time off in the past 2 years because of symptoms? Yes  No
2. Have you had physiotherapy during this time? Yes  No
3. Are you on a waiting list? Yes  No

If Yes, how long waiting?

<2 weeks

* 1. weeks
  2. weeks

>8 weeks

1. Have you seen your GP or other healthcare professional? Yes  No
2. What treatment if any are you receiving?

|  |
| --- |
|  |

1. Please grade on the scale below the impact of your symptoms on your general activity?

0 1 2 3 4 5 6 7 8 9 10

No Impact Moderate Impact Severe Impact

1. Please grade on the scale below the impact of symptoms on the ability to do your job?
2. 1 2 3 4 5 6 7 8 9 10

No Impact Moderate Impact Severe Impact