# CONFIDENTIAL

**Physiotherapy Self-Referral Form**

# Occupational Health Physiotherapy is available for CUH employees off work or struggling at work with a musculoskeletal problem.

**To assist the physiotherapist with your assessment, please complete this pre- assessment questionnaire and forward it to Cambridge Health at Work, Box 172, Cambridge University Hospitals Hills Road Cambridge CB2 0QQ or email to:** [**ohschelpline@addenbrookes.nhs.uk**](mailto:ohschelpline@addenbrookes.nhs.uk)**. The questionnaire will be added to your confidential occupational health record.**

1. **Employee details**

Name: .................................................................................. Title: ......................... Date of Birth:................................................

Home Address: ............................................................................................................

Email Address: ............................................................................................................. Contact number: ........................................... Work telephone number: ...........................

GP Surgery:………………………………………………………………………......................................

# Job details

Job Title: ......................................................................................................................

Department: ..................................................................................................................

# Reason for self-referral

Why are you making this self-referral?

Where do you feel that the problem is?

How is the problem affecting you?

How long have you had the current problem for?

Date of issue: November 2015 – amended July 2016

What outcomes are you hoping to achieve?

Are you signed off work with this problem? *If yes how long have you been off work?*

Have you had these symptoms before? *If yes please provide details including any physiotherapy or other treatment received*

Have you consulted your GP about your current symptoms? *If yes please give details and where relevant include diagnosis given and treatment received*

1. **Please list any medication that you take** *please include the dose and frequency*

# Appointment arrangements

Where applicable please indicate where the Cambridge Health at Work appointment details should be sent:

* 1. home
  2. work
  3. Appointment date already confirmed

# Signature: ................................................................ Date: ....................................

***Note: Ordinarily, self-referrals will not result in written reports to anyone. If you are seeking written recommendations from Cambridge Health at Work to your manager, please ask your manager to complete a written referral.***

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