**Straight2Physio Self-Referral Form**

**(NMGH/Cornerstone)**

**PLEASE FULLY COMPLETE THIS FORM TO ENABLE THE PHYSIOTHERAPIST TO FULLY ASSESS YOUR NEEDS**

|  |  |  |
| --- | --- | --- |
| **Have you seen a GP or Doctor about this problem?** | **Yes** | **No** |

|  |  |
| --- | --- |
| Surname: | Mr/Mrs/Miss/Ms/Other (Circle) |
| First Name: | GP Practice: |
| NHS Number (If Known): | GP (if Known): |
| Date of Birth: | Mobile Number: |
| Address: | Email Address: |
| Post Code: | Ethnicity: |

|  |
| --- |
| Current Problem: |

|  |
| --- |
| Additional Information: |

|  |  |  |
| --- | --- | --- |
| I give my consent for the Physiotherapist to access my medical records to further aide my treatment.  |  **Yes**  |  **No**  |

**PLEASE EMAIL FORM TO: mft.NMGHPhysioRefer@nhs.net**

**ONCE WE HAVE RECEIVED THIS FORM WE WILL BE IN CONTACT TO CONFIRM AN APPOINTMENT DATE AND TIME**