**MSK Physiotherapy Outpatients Referral**

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| --- | --- | --- | --- |
| Patient Name: | | | |
| Address: | | | |
| Date of Birth: | | NHS Number | |
| Patient contact numbers: | | | |
| Home: | Work: | | Mobile: |
| Consent from patient for service to leave messages: | | | Yes No |
| Body part:  Neck Back Shoulder Elbow Wrist/hand Hip Knee Foot/ankle Other | | | |
| Reason for referral (please include start date along with description of symptoms): | | | |
| Patient Past Medical history (attach GP summary if possible): | | | |
| Patient Medication (attach GP summary if possible): | | | |
| Recent relevant investigations | | Yes No | |
| Outcome of investigations: | | | |
| STarT Back Score for Back Pain patients: | | | |
| Are the patient’s symptoms:  Improving Staying the same Worsening | | | |
| Is the patient currently off work due to the condition: | | | Yes No |
| GP name, surgery name and address:  Date: | | | |
| Please also include surgery generic email: | | | |

If you are referring your patient to Lymington, New Milton, Fordingbridge, Ringwood, Hythe, Totton, Romsey or the Hub in Eastleigh please email your referrals to: [shft.physioreferrals@nhs.net](mailto:shft.physioreferrals@nhs.net). For any queries, please telephone 01590 663230

If you are referring your patient to Andover, please email your referrals to:

[shft.andoverphysioreferrals@nhs.net](mailto:Shft.andoverphysioreferrals@nhs.net). For any queries, please telephone 01264 835233

**Musculoskeletal Therapy Services**

Lymington New Forest Hospital

Wellworthy Road

Lymington

SO41 8QD

&

Andover War Memorial Hospital

Charlton Road

Andover

SP10 3LB

Date ……………………………………………………

Dear Patient

**Your NHS Number: xxx xxx xxxx**

You have been referred to Outpatient Physiotherapy. Please allow **five working** daysfrom the date of this letter before contacting the appropriate Administration Office to book your appointment. This allows time for our team to receive the referral from your GP and record your details. If we do not hear from you within 14 working days we will assume you no longer require treatment and we will discharge your referral. Contact details are as follows, based on where you would prefer to be seen:

For physiotherapy clinics held at:

|  |  |
| --- | --- |
| * + **Lymington New Forest Hospital**   + **New Milton Health Centre**   + **Hythe Hospital**   + **Totton Health Centre** | * + **Romsey Hospital**   + **The Hub, Eastleigh**   + **Fordingbridge Hospital**   + **Ringwood Medical Centre** |

Please contact:

**Physiotherapy Central Booking Office: 01590 663230**

**Available 08:30 – 17:00, Monday-Friday**

**Lymington New Forest Hospital**

**Email:**   [**hp-tr.musculoskeletaltherapy@nhs.net**](mailto:hp-tr.musculoskeletaltherapy@nhs.net)

For physiotherapy clinics held at:

* **Andover War Memorial Hospital**

Please contact:

**Administration Office Physiotherapy Outpatients 01264 835233**

**Available 08:00 – 17:00, Monday-Friday**

**Andover War Memorial Hospital**

**Email** [**shft.andoverphysioreferrals@nhs.net**](mailto:shft.andoverphysioreferrals@nhs.net)

During your appointment, you may be seen in a 1:1 session with a Physiotherapist which could last up to 45 minutes, or you may be referred directly into one of our classes. You will be informed of the type of session at the time of booking your appointment. We advise that you wear loose clothing which can easily be removed, so the physiotherapist can examine you effectively. Please also wear appropriate undergarments ie, shorts and/or vest top. Please bring a list of your current medication as this may be relevant to the treatment you receive.

If you do not attend, and do not inform us, then you may not receive a further appointment.

If you have any questions please contact the relevant Booking Office using the details above. Information about our service can also be found on our website by visiting [www.southernhealth.nhs.uk](http://www.southernhealth.nhs.uk)

We look forward to seeing you

Yours sincerely

The Physiotherapy Administration Team