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Surname:
Forename:
DOB:
Hospital No:
Or affix Patient Label

Self Referral to Women's and Men's Health Physiotherapy Services – For urinary/bladder symptoms only

What is self-referral?

The continence service in Milton Keynes is now able to accept referrals from a patient directly regarding their bladder symptoms; this means that a GP is not required to sign the referral form. GP referrals will continue to be accepted if this is the preferred option.

By accepting self-referrals, we aim to reduce the time that patients spend waiting for an appointment; enabling earlier access to a physiotherapist who can offer specific treatment and advice options for pain and symptom management.

To self-refer to this physiotherapy service; please complete the attached form giving as much information as possible to allow the physiotherapist to accurately identify the problem to enable the best pathway for treatment.

What happens now?

The physiotherapist will triage your referral and may telephone you to discuss any information you have given on your form.

It is likely that your first appointment will be an informal group advice/information session– the group requires no personal information to be shared and is very discreet. This will be followed with a 1:1 individual appointment with your physiotherapist a few weeks later.

98% of patients who have attended would refer a friend to it.

Following this a 1:1 session will be booked for all patients with one of our team.

If you have any questions please contact the Physiotherapy Reception or Women's Health Team on 01908 995432

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Please complete this form as fully as possible.

Name:

Address:

Date of Birth:

Hospital No: (if Known)

Contact telephone number:

1. Give a brief description of your URINARY/BLADDER symptoms. How they started and how it affects you:

.....
.....
.....
.....
.....

2. How long have you had these bladder symptoms:

Days Weeks Months Years

3. Are the bladder symptoms:

New Flare up of old condition Ongoing

Please give more details:

.....
.....
.....

4. What makes your bladder symptoms worse (e.g. activities, sports, positions)

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.....

5. What makes your bladder symptoms better (e.g. medication, exercise)

.....
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.....

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6. Are your bladder symptoms:

- Getting better Getting worse

Staying the same

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7. Have you had any investigations for these symptoms?

- Bladder scan Urodynamics Flow Rates
MSU/Urine screen Other

Details:.....
.....
.....
.....
.....

8. Have you had previous treatment for these bladder symptoms? (e.g. medication, consultant review, surgery, physiotherapy)

- Yes No

If Yes, please give details including results:

.....
.....
.....
.....
.....
.....

9. How is your general health?

- Well Unwell

Please tick if you have any of the following conditions:

- | | | |
|---------------|---------------------------|----------------------|
| Heart | Epilepsy | Accidents |
| BP – high/low | Osteoporosis | Respiratory/Asthma |
| Diabetes | Weight loss | Rheumatoid Arthritis |
| Surgery | Chemotherapy/Radiotherapy | |

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Please give details of any other medical conditions or surgery you have:

.....
.....
.....

10. Please list any medication you are taking:

.....
.....
.....

11. Please give details of any activities or hobbies you do:

.....
.....
.....
.....

12. Due to your problem are you unable to?

Work Play sport Care for dependants Other

Please give details:

.....
.....
.....
.....

I _____ confirm that the information I have provided above is correct to the best of my knowledge. I give my consent to physiotherapy assessment and treatment of my problem and communication on the above.

Patient Signature:.....

Date:.....

**Please return this form to: Outpatient Physiotherapy Department
Milton Keynes University Hospital
Standing Way
Eaglestone
Milton Keynes
MK6 5LD**

Or your GP practice to send to us.

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