South Tees Hospitals NHS
NHS Foundation Trust

COMMUNITY OUTPATIENT PHYSIOTHERAPY SERVICE REFERRAL FORM

Preferred Location: M'BRO ☐ RPCH ☐ GPCH ☐ ECPCH ☐ GP PRACTICE ☐

Referrer Details Name, Address, Contact Number	Practice Stamp
Referrer assessment of priority Urgent ☐ Routine ☐	

PATIENT DETAILS

Surname		NHS Number	
First Name		Male	Female
Address			
Telephone No	Home	Work	Mobile
Date of Birth		email	@
Barriers to Communication	Interpreter Yes ☐ No ☐ Language Spoken _____ Deaf ☐ Blind ☐ Learning Disability ☐		
Diagnosis / Details of Musculoskeletal problem (Including duration of condition, previous investigations and results)			
Medication and Medical Conditions			
Identified Risks (give details) ☐ Please tick this box if you wish to advise us on any safety issues which may protect the lone workers in this service or wish to discuss the referral further.			

Carer with Dependents		Ability to work affected		Pregnant	

Previous Treatment for this Condition
Physiotherapy YES/NO
Injection YES/NO IF YES DATE

NAME OF REFERRER (please print)……

Signature……..……DATE……

Please send completed referrals to:
Community Outpatient Physiotherapy Service at the preferred location or
One Life, Linthorpe Road, Middlesbrough
Appointment Enquiries 01642 835709 Clinical Enquiries 01642 737801
Forms that are not fully completed may be returned to referrer