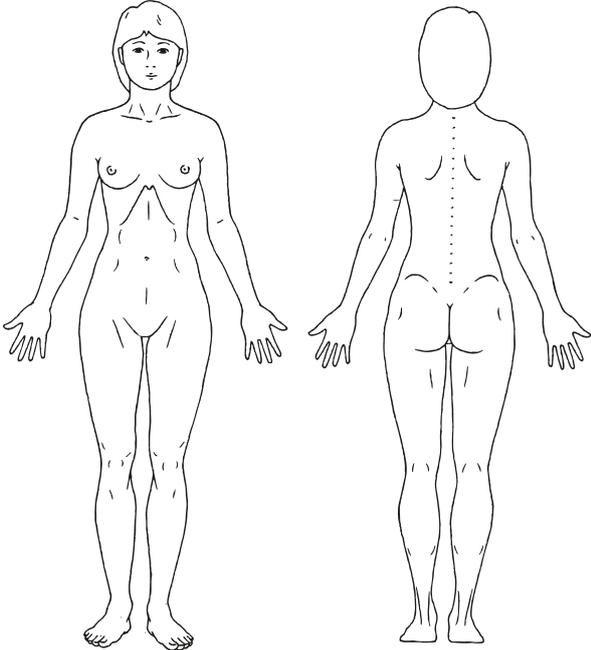


Patient Completed Self Referral Form

Please complete all parts of this form and hand it in or send it to the Physiotherapy department at the above address.

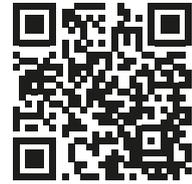
Electronic copies can be emailed to: ✉ prmattendanywherepogp@ggc.scot.nhs.uk

CHI or DOB		Date:
Name		How many weeks?
Address		Estimated Delivery Date (EDD):
Email address		Have you attended the Pelvic Girdle Pain Class? Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone		
		Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<p>Please mark on the diagram the location of your problem.</p> <p>Where is your pain?</p> <p>Please describe your current problem and symptoms below:</p>
<p>How long have you had your current problem?</p> <input type="checkbox"/> Less than 2 weeks <input type="checkbox"/> 2-6 weeks <input type="checkbox"/> 7-12 weeks <input type="checkbox"/> Longer than 12 weeks		
<p>Is your problem getting? <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Not changing</p>		
<p>How would you describe your pain? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>		
<p>Is your pain constant (i.e. present all the time)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Are you off work because of this problem? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes how long?</p>		
<p>Are you unable to care for or look after someone because of this problem? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Are your day to day activities affected by your pain?</p> <input type="checkbox"/> Not at all <input type="checkbox"/> Mildly <input type="checkbox"/> Moderately <input type="checkbox"/> Severely		
<p>What type of appointment would you like for your initial appointment?</p> <input type="checkbox"/> Telephone consultation <input type="checkbox"/> Face to Face		
<p>Please consult your GP urgently or NHS 24 on telephone Number: 111 If you have recently or suddenly developed:</p> <ul style="list-style-type: none"> • Difficulty passing urine or controlling bladder or bowel • Numbness or tingling around your back or front passage 		<p>Please contact Maternity Assessment Unit if you have any of the following:</p> <ul style="list-style-type: none"> • Bleeding • Reduced fetal movement

Check out the Obstetrics Physiotherapy Website

Scan the QR Code or search

🌐 www.nhsggc.scot/obstetrics-physiotherapy



Find more information about:

- Advice and management for lower back pain and pelvic girdle pain.
- Advice on other pregnancy related aches and pains.
- Advice on management for pelvic floor dysfunction.
- Advice on exercise and activity.
- Ante and post natal advice.
- Ante natal education classes.
- Post natal rehab classes.
- Enhanced recovery for obstetric surgery in Scotland classes.

