



# Yasp Physiotherapy Self Referral Form

Completing this form prior to your first appointment will allow more treatment time.

If you're unable to complete this form for any reason, please contact us on 01595 747074.

All information provided will be held in confidence in accordance with the data protection act.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Known as: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

Post code: \_\_\_\_\_ Email address: \_\_\_\_\_

I consent to email communication regarding appointment dates: Yes  No

I consent to email communication regarding Yasp News & Offers: Yes  No

Please describe your current problem and symptoms:

Have you seen any other health care practitioner about this problem, (e.g. GP, physiotherapist, osteopath)?

Yes

No

If Yes, please give details, who did you see, what was the outcome?

Have you had any investigations for this problem? E.g. Scans, x-rays, blood tests

Please turn over to complete page 2

**Past medical history; please list all medical conditions that you have, and any illnesses or operations that you have had:**

**If you have ever been diagnosed with cancer please give details:**

**Please list all current medications (prescribed and over the counter):**

**If you have back pain and recently or suddenly developed any of the following, please consult your GP URGENTLY or call NHS 24 (Telephone:111)**

- Difficulty passing urine or controlling bladder/bowels
- Numbness or tingling around your back passage or genitals
- Numbness, pins and needles or weakness in both legs

**If you have developed any of the following problems please seek further medical advice from your GP before sending this form:**

- Unexplained weight loss
- New, unexplained unsteadiness on your feet
- Generally feeling unwell/fever

**I have read and agree to Yasp's terms and conditions:**

**Yes**

**I have had an opportunity to read Yasp's Privacy Notice, which is available at [www.yasp.scot](http://www.yasp.scot) and in Yasp's waiting room:**

**Yes**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Please return completed forms to:**

**Yasp,  
Main Street,  
Scalloway,  
Shetland  
ZE1 0TR**

Look us up on: [www.yasp.scot](http://www.yasp.scot) Email us on: [info@yasp.scot](mailto:info@yasp.scot) Phone us on: 01595 747074

For office use only; date received: