The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Physiotherapy Department – Staff Self Referral Form

Please complete the below form and questionnaire and email to rjah.physioreferrals@nhs.net, where you will be booked for an appointment with the appropriate clinician.

Staff self-referrals are prioritised and therefore we would be grateful if the staff member contacts the department on ext. 4464 or ext. 4545 if they no longer require treatment.

Name:			
Address:			
Postcode:		Phone No: (work) (home)	
Date of Birth:		GP Surgery:	
Job Title:		Ward/Dept:	
Outline of Condition/ Problem:			
Date of Onset:			

Did you have an injury? Yes ☐ No ☐

Is this a new symptom? Yes ☐ No ☐

Is this a recurrence of old symptoms? Yes ☐ No ☐

If yes, how many times in the last 3 years? ……..…..

Have you had any investigations for this condition?

……

Have you seen anyone for this condition previously?

…….

Are you able to work? Yes ☐ No ☐

If not, how much time have you had off work? ……..…..

Is your sleep disturbed? Yes ☐ No ☐

Are there any movements or activities which aggravate your symptoms?

……

Is there anything that can help ease your symptoms?

……..

Can you describe the pain/symptoms you are experiencing?

……..

Can you score your symptoms at their worst? 0- no pain 10- worst imaginable pain

……

Check any medical conditions relevant to you:

☐ Diabetes	☐ History of cancer
☐ Epilepsy	☐ Recent unexplained weight loss
☐ Asthma	☐ Allergies
☐ Raised blood pressure	☐ Pregnant
☐ Heart problems	☐ Osteoporosis
☐ Rheumatoid Arthritis	☐ Thyroid problems
☐ Major operations	☐ Mental Health problems

List your current medications and dosage:

……
……
……..

MUSCULOSKELETAL HEALTH QUESTIONNAIRE (MSK-HQ)

This questionnaire is about your **joint, back, neck, bone and muscle symptoms** such as aches, pains and/or stiffness.
Please focus on the particular health problem(s) for which you sought treatment from this service.

*For each question **check (x) one box** to indicate which statement best describes you **over the last 2 weeks**.*

1. Pain/stiffness during the **day** How severe was your usual joint or muscle pain and/or stiffness overall during the **day** in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Fairly severe ☐ 1	Very severe ☐ 0
2. Pain/stiffness during the **night** How severe was your usual joint or muscle pain and/or stiffness overall during the **night** in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Fairly severe ☐ 1	Very severe ☐ 0
3. Walking How much have your symptoms interfered with your ability to walk in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Unable to walk ☐ 0
4. Washing/Dressing How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Unable to wash or dress myself ☐ 0
5. Physical activity levels How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Very much ☐ 1	Unable to do physical activities ☐ 0
6. Work/daily routine How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work & jobs around the house)?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Extremely ☐ 0
7. Social activities and hobbies How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Extremely ☐ 0

8. Needing help How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Rarely ☐ 3	Sometimes ☐ 2	Frequently ☐ 1	All the time ☐ 0
9. Sleep How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Rarely ☐ 3	Sometimes ☐ 2	Frequently ☐ 1	Every night ☐ 0
10. Fatigue or low energy How much fatigue or low energy have you felt in the last 2 weeks?	Not at all ☐ 4	Slight ☐ 3	Moderate ☐ 2	Severe ☐ 1	Extreme ☐ 0
11. Emotional well-being How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Severely ☐ 1	Extremely ☐ 0
12. Understanding of your condition and any current treatment Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?	Completely ☐ 4	Very well ☐ 3	Moderately ☐ 2	Slightly ☐ 1	Not at all ☐ 0
13. Confidence in being able to manage your symptoms How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?	Extremely ☐ 4	Very ☐ 3	Moderately ☐ 2	Slightly ☐ 1	Not at all ☐ 0
14. Overall impact How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?	Not at all ☐ 4	Slightly ☐ 3	Moderately ☐ 2	Very much ☐ 1	Extremely ☐ 0

Physical activity levels

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? *This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.*

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
☐	☐	☐	☐	☐	☐	☐	☐

Thank you for completing this questionnaire.

Signature: …….. Date: ……...