Orkney Health and Care

ORKNEY ISLANDS COUNCIL

Working together to make a real difference

NHS Orkney

Self Referral To Children's Physiotherapy

Name & Date of Birth:	Parent/Guardian's names:
Address:	GP Name and Practice

Contact Phone Numbers:

Can we leave a message at these numbers? (Please circle)

Phone No. Home	YES	No
Phone No. Work	YES	No
Phone No. Mobile	YES	No

Please give a brief description of why you/your child need a physiotherapy assessment, including any relevant medical information:

P.T.O

Orkney Health and Care · Peedie sea Children's Centre · Pickaquoy Loan · Kirkwall · Orkney · KW15 1BZ
Tel: 01856 885 590, Physio 885 592, O.T. 885 593 ·

Is this problem: New Ongoing

How long have you/your child had this problem?
Days Weeks Months Years

Are the symptoms worsening? Yes No

Is it difficult to carry out normal activities? Yes No
If Yes please give details:

Are you/your child off school or sport because of this problem?
Yes No Not Applicable

Have you consulted your GP or attended accident & emergency for this problem?
Yes No Not Applicable

Have you/your child been seen by any of the following professionals for this or any other problem?

	Yes	No		Yes	No
Speech & Language Therapy			Dietician		
Health Visitor			Educational Psychologist		
Occupational Therapy			Consultant		
			Other		

If yes, please give details

Parent /Guardian signature - print and sign

Date