ORKNEY ISLANDS COUNCIL

Orkney Health and Care

Working together to make a real difference

NHS Orkney

Self Referral To Children's Physiotherapy

<table>
<tr><td>Name & Date of Birth:</td><td>Parent/Guardian's names:</td></tr>
<tr><td>Address:</td><td>GP Name and Practice</td></tr>
<tr><td colspan="2">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</td></tr>
</table>

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

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