**Self- referral form for Pelvic Health Physiotherapy at North Bristol Hospital Trust (NBT) and University Hospital Bristol and Weston (UHBW)**

**Who can the Pelvic Health Physiotherapy team help?**

This service is available for women and people assigned female at birth, who are over the age of 16 and have any of the symptoms listed below.

**Physiotherapy can help a range of pelvic health conditions which include:**

|  |  |
| --- | --- |
| **Problems with your pelvic floor muscles at any stage in life:** | **Problems occurring in pregnancy or after birth:** |
| * Leaking urine | * Pelvic girdle pain |
| * Leaking poo/wind | * Lower back pain |
| * Bladder or bowel urgency | * Rib pain |
| * Pelvic organ prolapse | * Hip pain |
| * Pelvic pain | * Coccyx pain |

These are common problems that can affect women and people assigned female at birth but they are not something you have to put up with, seeing a pelvic health physiotherapist can help to reduce or resolve these problems.

**What is self-referral and what do I need to do?**

Self-referral is another way of getting to see a pelvic health Physiotherapist. It means that you don’t need to see the GP and wait for them to refer you.

Please complete all questions on the form, this is to help the Physio team decide on the correct treatment for you.  Any incomplete forms will **not**be accepted and you risk not being seen by the physio team.

If you are unable to complete the form, please ask your GP, Midwife or healthcare professional for help.

|  |
| --- |
| **To be seen at St Michael’s (UHBW) please send your completed form to:**    [ubh-tr.adulttherapies@nhs.net](mailto:ubh-tr.adulttherapies@nhs.net)  **To be seen at Weston General Hospital (UHBW) please send your completed form to:**  [Physiotherapyoutpatientswestongeneral@uhbw.nhs.uk](mailto:Physiotherapyoutpatientswestongeneral@uhbw.nhs.uk) |

**Who is the self-referral NOT for?**

The referral is not for men, children or for separation of the stomach muscles (diastasis recti of the abdominus muscle). These will need to be referred to the Pelvic Health team by your GP.

**What will happen next?**

A specialist Pelvic Health Physiotherapist will look at the information you have written on the form and then once you are near the top of the waiting list you will be contacted with an appointment. The treatment you receive will be the same as if your GP had referred you.

**How do I know if I should see my GP?**

If you have any concerns, you can always make an appointment to see your GP in the usual way and ask for a Physiotherapy referral or self-refer once you have seen them.

**Referring yourself to Pelvic Health Physiotherapy**

1. **Please select which hospital site you would like to have your appointment at:**

Southmead or Cossham Hospital

St Michael’s Hospital

Weston General Hospital

Please complete all questions on this form and click send.

1. **Personal details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | | | | **Date:** | | | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | | | | | | | |
| **Date of birth:** |  | | **Email:** | Click or tap here to enter text. | | | | |
| **Contact details** | | Click or tap here to enter text. | | | |  | **Can we leave a message?** | |
| **Phone no. (home):** | | Click or tap here to enter text. | | | |  | Yes  No | |
| **Phone no. (work):** | | Click or tap here to enter text. | | | |  | Yes  No | |
| **Phone no. (mobile):** | | Click or tap here to enter text. | | | |  | Yes  No | |

**GP’s Name and Surgery Address:**

|  |
| --- |
| Click or tap here to enter text. |

**Do you need an interpreter?** Yes No

|  |
| --- |
| Click or tap here to enter text. |

If yes which language?

1. **What is your ethnic group? Please tick**

**White**

White - British

White – Irish

Gypsy or Irish Traveller

Any other White background

**Mixed / Multiple ethnic background**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background / Multiple ethnic background

**Asian / Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

**Black / African / Caribbean / Black British**

Caribbean

African

Any other Black / African / Caribbean background

**Other options**

Prefer not to say

Any other ethnic group (please specify): Click or tap here to enter text.

1. **Who suggested physiotherapy?**

GP  Midwife  Health Visitor  Physiotherapist  Consultant  Friend

No-one, it was my own idea  Other (Please specify) : Click or tap here to enter text.

1. **How did you find out about Physiotherapy?**

GP  Midwife  Health Visitor  Physiotherapist  Consultant  Perinatal Class  Friend  Poster  Social Media  Other (please specify) : Click or tap here to enter text.

1. **How long have you had this problem for?**

Days  Weeks  Months  Years

1. **Are your symptoms getting worse?**

Yes

No

**If you have answered yes, can you explain how they are worsening?**

Click or tap here to enter text.

1. **Are you pregnant or have you been pregnant in the last year?**

Yes

No

1. **If you are pregnant what is your expected due date (EDD)?** Click or tap here to enter text.
2. **If you have given birth in the last year, when was your baby born?** Click or tap here to enter text.
3. **Symptoms:**

Please check the box(s) of all symptoms that you have.

**11.a. Pelvic floor dysfunction symptoms:**

**Stress urinary incontinence** (leaking urine cough/sneeze/laugh/high impact etc)

**Bladder urgency/ frequency** (the feeling of needing to empty the bladder urgently and/or frequently)

**Urgency urinary incontinence** (not getting to the toilet in time)

**Faecal incontinence** (leaking poo)

**Flatal incontinence** (leaking wind)

**Faecal urgency** (the feeling of needing a poo with little warning)

**Obstructive defecation** (difficulty emptying the bowels)

**Pelvic organ prolapse** (dragging sensation or a bulge, heaviness sensation in the vagina)

**Pelvic pain/ vulval pain/ dyspareunia/ bladder pain** (pain with sexual intercourse, and/or chronic pain in the pelvic region)

**Other** (please specify): Click or tap here to enter text.

**If you have selected any of the symptoms above please give a brief description of why you would like a physiotherapy assessment**:

|  |
| --- |
| Click or tap here to enter text. |

**11.b. Pregnancy or Postnatal (under 6 months from delivery) Musculoskeletal related symptoms:**

**Pelvic Girdle pain**

**Lower back pain**

**Rib pain**

**Hip pain**

**Coccyx (tail bone) pain**

**Other** (please specify): Click or tap here to enter text.

**If you have selected any of the above symptoms please give a brief description of why you would like a physiotherapy assessment**:

|  |
| --- |
| Click or tap here to enter text. |

1. **Additional concerns**

|  |  |  |
| --- | --- | --- |
| **Please answer Yes or No to the following questions** | **Yes** | **No** |
| **Do you feel a burning or stinging sensation when you have a wee?** |  |  |
| **Do you have blood in your urine?** |  |  |
| **Have you had any unusual or unexpected bleeding or staining from the vagina?** |  |  |
| **Do you have blood in your poo?**  **(without other symptoms of piles)** |  |  |
| **Do you have a persistent change in your bowel habit?**  **(needing to go more often, having runny poo and sometimes tummy pain)** |  |  |
| **Do you have persistent lower tummy pain, bloating or discomfort?**  **(always caused by eating and maybe associated with loss of appetite or significant weight loss)** |  |  |

**If you have answered yes to any of the questions in the table above, have you seen a GP?**

Yes

No

**If you haven’t, please see a GP before referring yourself to physiotherapy.**

**If you have seen a GP please give details of this conversation:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Cauda equina syndrome**

**Cauda equina syndrome** is a rare but severe condition where the nerves at the bottom of the spine become compressed. Symptoms of cauda equina are acute low back pain and/or leg pain accompanied by any of the other symptoms in table 2 below:

**Table 1:**

|  |  |  |
| --- | --- | --- |
| **Please answer Yes or No to the following questions** | **Yes** | **No** |
| **Do you have acute low back pain?** |  |  |
| **Do you have pain going down both legs?** |  |  |

**If you have answered YES to either of the questions in Table 1 about acute back pain or pain down both legs please continue to answer the questions in the Table 2 below.**

**If you have answered NO to both questions in Table 1 above you do not need to complete the questions below in Table 2.**

**Table 2:**

|  |  |  |
| --- | --- | --- |
| **Please answer Yes or No to the following questions** | **Yes** | **No** |
| **Do you have loss of feeling or pins and needles between your inner thighs or genitals?** |  |  |
| **Do you have numbness in or around your anus or buttocks?** |  |  |
| **Do you have altered feeling when using toilet paper to wipe yourself?** |  |  |
| **Do you have increasing difficulty when you try to stop or control your flow of pee?** |  |  |
| **Do you have loss of sensation when you pee?** |  |  |
| **Do you leak pee or have a recent need to use pads?** |  |  |
| **Do you have difficulty knowing whether your bladder is full or empty?** |  |  |
| **Are you unable to hold on when you need to poo or do you leak poo?** |  |  |
| **Do you have a loss of sensation in the vulva/vagina during sexual intercourse?** |  |  |

**If you have acute low back pain and/or pain going down both legs AND answered yes to any of the other questions in table 2, please do one of the following things depending on your symptoms:**

**If your symptoms started less than 2 weeks ago or your symptoms are getting worse- please seek urgent medical attention at your A&E department immediately.**

**If your symptoms started more than 2 weeks ago and your symptoms are not worsening- please see your GP for an appointment before referring yourself to Physiotherapy.**