

**Self-referral form**

**Barbara Leslie Physiotherapy/ Acupuncture**

To save time during your consultation you are invited to fill in this form and email it back to me before your appointment.

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| 1 | **Name** |  |
| 2 | **Date of birth** |  |
| 3 | **Address** |  |
| 4 | **Contact number** |  |
| 5 | **Emergency contact-** name and number |  |
| 6 | **Medical history of note**- key issues such as hospital stays and operations, long-standing medical conditions, active ill health conditions, including mental health. |  |
| 7 | **Medication**- please list ALL current medication you take, prescribed or otherwise |  |
| 8 | **Reason** for self-referral for physiotherapy or acupuncture therapy- what is wrong? |  |
| 9 | **Hopes and expectations**- what would you like to get out of your treatment? |  |

Thank you for completing this form. Please email it to barbaraleslie70@gmail.com and I will include it in your Cliniko secure database file.