THE CEDARS SURGERY
24 Marine Road Walmer Deal CT14 7DN
Tel: 01304 373341
Website: www.cedarssurgery.co.uk
e-mail: kmicb.thecedarssurgery@nhs.net

Stephen Comfort Physiotherapy Triage Proforma

Patient name: Full Name DOB:Date of Birth
Address:Home Full Address (stacked)
NHS Number: NHS Number e-mail:Patient E-mail Address
Home: Patient Home Telephone MobilePatient Mobile Telephone Work: Patient Work Telephone

Registered GP: Registered GP Surname

Please ask where the problem relates to, how long have they had it, what caused it, what medication are they taking **Is the problem :**		**Yes**	**No**
• Back pain		☐	☐
• Hip, knee, ankle or foot pain		☐	☐
• Neck pain		☐	☐
• Shoulder pain		☐	☐
• Elbow, wrist or hand pain		☐	☐
• Chronic inflammatory disease		☐	☐
• Sports related injuries		☐	☐
• Repetitive strain injuries or over-use injuries		☐	☐
• Sciatica		☐	☐
How long have they had symptoms:			
Do they know the cause:			
What medications are they taking for the problem:			
If there is any back pain is it associated with: If any of the responses are YES please make an appointment with the GP URGENTLY		**Yes**	**No**
• Are multiple joints involved		☐	☐
• Dizziness, sudden falls, or drop attacks		☐	☐
• Numbness or tingling or weakness in legs		☐	☐
• Loss of sensation in the area you sit on (bladder or bowel)		☐	☐
• Is there a history of cancer, and have new pain in spinal, abdominal, or chest			

area	☐	☐
• Weight loss, which is dramatic/recent	☐	☐
• Does the pain respond to any medication	☐	☐
• Add additional comments provided by patient below:	☐	☐
Other comments made by patient:		
Check on the patient record if any of the following apply: If any of the responses are YES please make an appointment with the GP but is not urgent.	**Yes**	**No**
• Has the patient had previous physio referrals for the same problem in the last 6 months	☐	☐
• Has the patient been seen by physio and the patient will have minimal or no benefit from further physiotherapy treatment	☐	☐
• Has the patient failed to comply with physio treatment over several months	☐	☐
• Has the patient failed to attend previous physio appointments	☐	☐
	Yes	**No**
If none of Step two points are YES, then advise the patient that the triaging physiotherapist will contact them with further advice.	☐	☐
Complete referral and arrange for review and signature by GP/ANP. ***Please note: Referral must be signed and dated by GP on Nurse Practitioner***	☐	☐
Update template referral form with signing GP/ANP details and email completed template to Stephen Comfort, triaging physiotherapist	☐	☐
Scan original signed/dated copy of the physiotherapy referral template into the patient's electronic patient record.	☐	☐

I have reviewed this information and consider referral for Physiotherapy triage is appropriate.

Signed: ……..

GP/ANP Name (***please print:***

Date: ……