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**Adult Self-Referral Form for Walking Aid Assessment at Physiotherapy**

**(Instructions and Information are overleaf)**

**Our waiting lists do vary and you may wait several weeks for an appointment. If you have a problem that requires urgent attention – please seek medical advice from your GP or NHS 24 (111).**

**\*This form is for walking aids only\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Today’s Date**  |  |
| **Title** | **[ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other**  | **Date of Birth**  |  |
| **Address** |  | **Home telephone number** |  |
| **Postcode** |  | **Mobile telephone number** |  |
| **GP Name** |  | **GP Address** |  |
| **Next of Kin**  |  | **NOK Contact number** |  |
| **Are you able to attend an Out-patient appointment at Slateford Medical Centre or Leith Community Treatment Centre for this assessment?** | Yes / No |
| **Do you have an existing walking aid?**  |  No | **Details:**  |
| **Reason for referral (please tick the type of walking aid required):** |
| **Walking stick** | **[ ]**  |
| **Indoor walking aid** | **[ ]**  |
| **Outdoor walking aid** | **[ ]**  |
| **Other** Details:  | **[ ]**  |
| ***If you have a walking aid which is broken/faulty which was provided by The Edinburgh Community Equipment Stores, within the past 18 months, please contact them directly on 0131 529 6300 to arrange a replacement.******If you require a wheelchair assessment, please speak with your GP.*** |
| **List of medical conditions** | **List of medications** |
|  |  |
| **Are you currently being seen by your GP or another health professional?**  | Yes / No | **Details:**       |
| **Please let us know if you have any difficulty speaking English or have other needs** |
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**Information and instructions**

* This form is for people who would like to be assessed for a walking aid.
* We will contact you to arrange an appointment to assess you for a walking aid.
* We will consider what matters to you and what you will use a walking aid for so that you can safely enjoy using it.

Please send your completed form to:

**Loth.edinwaselfref@nhslothian.scot.nhs.uk**

**Allermuir Health Centre**

**165 Colinton Mains Drive**

**Edinburgh**

**EH13 9AF**

**0131 3122160**