

Physiotherapy Musculoskeletal Service
**Patient Completed Self Referral:
 Walking aid/Wrist splint**



Please read and complete all parts of this form then send to one of the clinics noted on the back of the form.

Date form completed:

..... / /

Name:
 Address:

 Postcode:
 Date of birth:
 Age: Male Female

GP name:
 Address:

Phone - Home:
 - Work:
 - Mobile:

Occupation:

Falls

Yes No

Have you fallen more than once in the last 6 months **NOT** the result of a simple accident, slip/trip?

Aid/Appliance Requested

Walking Aid:

If known, which walking aid do you feel would be beneficial to you:

.....

Is this to replace a current walking aid? Yes No

Would this be a new walking aid for you? Yes No

Wrist Splint:

I require a left wrist splint I require a right wrist splint

Which size do you require? (please tick)

Small Medium Large Extra large Don't know

You will first be contacted by phone. Thereafter,

- wrist splints will be posted to you.
- Replacement walking aids can be collected.
- New walking aids can be provided by appointment only following satisfactory Covid -19 screening.



Clinic		
Physiotherapy Department University Hospital Hairmyres 218 Eaglesham Road East Kilbride G75 8RG		
Physiotherapy Department Blantyre Health Centre Victoria Street Blantyre G72 0BS		
Physiotherapy Department Coatbridge Health Centre Centre Park Court Coatbridge ML5 3AP		
Physiotherapy Department Stonehouse Hospital Strathaven Road Stonehouse ML9 3NT		
Physiotherapy Department Motherwell Health Centre 138-144 Windmillhill Street Motherwell ML1 1TB		
Physiotherapy Department Rutherglen health centre 130 Stonelaw Road Rutherglen G73 2PQ		
Physiotherapy Department Central Health centre North Carbrain Road Cumbernauld G67 1BJ		