

Self-Referral Form for Walking Aid Assessment at Physiotherapy

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

Information and instructions

1. This form is for people who would like to be assessed for a walking aid.
2. We will contact you to discuss and assess you for a walking aid.

Please complete this form as fully as you can (if completing by hand please use BLOCK CAPITALS), then:

Either:

- 1) Save the form as a PDF, attach, and send to loth.WLPhysioSelfReferral@nhs.scot *(By doing this you consent to provide your personal information to a NHS email address.)*
 - 2) Hand it in to your GP Surgery
- OR
- 3) Post it to:

Physiotherapy Self-referral
Physiotherapy department,
St John's Hospital,
Howden Road West,
Livingston,
EH54 6PP

Name			Today's Date	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Date of Birth		
	Other <input type="checkbox"/>			
Address		Home telephone number		
Postcode		Mobile telephone number		
GP Practice				
Do you have an existing walking aid?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		Details:	
Reason for referral				
GP/Healthcare Staff advised				<input type="checkbox"/>
Replace lost walking aid				<input type="checkbox"/>
Other				<input type="checkbox"/>
Details:				
<p><i>If you have a walking aid which is broken/faulty which was provided by West Lothian Community Equipment Stores, please contact them directly on 01506 523335 to arrange a replacement.</i></p> <p><i>If you require a wheelchair assessment, please speak with your GP.</i></p>				
Are you currently being seen by your GP or another health professional?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		Details:	
<p>Please let us know if you have any difficulty speaking English or have other needs</p>				