

**HAND THERAPY SELF REFERRAL FORM**

If you are aged 18 years and over, and you are registered at Moatfield Surgery or Modality Mid Sussex (Crawley Down Health Centre, Judges Close Surgery, Park View Health Partnership, Ship Street Surgery) then you are eligible to self-refer to **hand therapy**.

Self-referrals are appropriate for a wide range of **hand** conditions, including problems involving bones, muscles, nerves or joints of the hand. For example arthritis, pins and needles and numbness in the hand, or following trauma or sports injury. If you need urgent treatment or are in significant pain, please visit your GP or a Minor Injuries Unit.

Self-referral is not appropriate if you have had pain for under 6 weeks. Please use this link for advice on how to manage new aches and pains. <https://sussexmskpartnershipcentral.co.uk/new-injuries/>

Name:	Today's Date:
Date of Birth:	Occupation:
Address:	Your GP Surgery:
Postcode:	
Email:	NHS Number:

Your phone numbers – can we leave a message at these numbers:

Home:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you likely to be able to attend an appointment at short notice? (i.e. less than 24 hours' notice)

Likely ☐      Unlikely ☐

**Ethnicity – please tick**

A - White - British	K - Asian or Asian British - Bangladeshi
B - White - Irish	L - Asian or Asian British - Any other Asian background
C - White - Any other White background	M - Black or Black British - Caribbean
D - Mixed - White and Black Caribbean	N - Black or Black British - African
E - Mixed - White and Black African	P - Black or Black British - Any other Black background
F - Mixed - White and Asian	R - Other Ethnic Groups - Chinese
G - Mixed - Any other mixed background	S - Other Ethnic Groups - Any other ethnic group
H - Asian or Asian British - Indian	Z - Not stated
J - Asian or Asian British - Pakistani	

**Please complete both sides of the hand therapy self-referral form.**

**Please describe your current hand pain/symptoms and a brief history of your problem:**

Is your pain or problem due to a recent injury? Yes ☐ No ☐

How long have you had your current problem?

Is your problem getting:

Worse ☐ Better ☐ Not changing ☐

Is the problem

Have you been treated for this at QVH before?

New ☐ Return of an old problem ☐

Yes ☐ No ☐

Is your pain constant (i.e. present ALL the time)?

If in pain, how would you describe it?

Yes ☐ No ☐

Mild ☐ Moderate ☐ Severe ☐

Is pain disturbing your sleep? No ☐

Yes, difficulty getting to sleep ☐ Yes, woken up from sleep ☐ Yes, unable to sleep at all ☐

Are you off work because of this problem?

Yes ☐ No ☐ If yes, how long?

Does this affect your ability to care for someone? Yes ☐ No ☐

Have you previously served in the military? Yes ☐ No ☐

Are your day to day activities affected by your pain?

Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐

Brief details of other relevant medical history (e.g. previous operations, illness or ongoing conditions):

Any current medications:

Do you have any special requirements (e.g. interpreter)?

Yes ☐ No ☐ If Yes please describe:

Who suggested hand therapy to you, or was it your own idea?

GP ☐ Friend ☐ Own idea ☐ Other ☐

**Return this form via email to: [gvh.handtherapy@nhs.net](mailto:gvh.handtherapy@nhs.net)**

**or post to: Hand Therapy Department, Building 1, Queen Victoria Hospital,  
Holtye Road, East Grinstead, West Sussex, RH19 3DZ  
or in person at the department.**

**Email [gvh.handtherapy@nhs.net](mailto:gvh.handtherapy@nhs.net) for queries, or alternatively phone 01342 414072.**