

Any Qualified Provider (AQP) Neck and Back Pain REFERRAL FORM

For GP referrals and patients who self refer

GP practice information (practices can use their own stamp or change the header to suit)		
Patient Details	Surname:	Forename:
	Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address:		
Postcode:		
Tel: Mobile	Tel: Home	Tel: Work
NHS Number:	Interpreter required: N <input type="checkbox"/> Y <input type="checkbox"/>	Language:
Ethnicity:	Occupation:	Email Address:

The AQP service does NOT provide treatment for the following (GPs should refer to other services):

- Patients with any suspicions of serious pathology (i.e. red flags)
- Patients with widespread or chronic pain for more than 1 year
- Patients who have primary peripheral limb problem with secondary neck/back pain
- Recurrent neck or back pain
- Patients under 16 years old
- Women over 35 weeks pregnant
- Patients identified to have little or no potential for further or sustained improvement
- Patients who are not registered with a GP
- Housebound patients

Presenting complaint and brief description of symptoms, i.e. mechanical or postural back or neck pain, whiplash associated disorder, cervicogenic headaches, etc.

Other useful information, including:

How long has the patient had this complaint?

Has the problem previously been treated with manual therapy such as physiotherapy, osteopathy or chiropractor (if so, please give details)?

Are the symptoms worsening?

Current medications?

Do any of the following urgent criteria apply: (Please tick highlight if any of these apply or leave blank if unsure)

- Significant impairment of activities of daily living, i.e. sleep disturbance, off work, unable to fulfil duties as a carer
- Significant risk of deterioration without further intervention
- Significant neurological deterioration

X-rays/investigations: (Please attach report if relevant)

Patient signature (if self referral) : _____

or

GP Name (if GP referral): _____

GP Signature (if GP referral): _____

Date: _____