**OUTPATIENT**

**Physiotherapy Application Form**

*Please note that all fields are mandatory. Submission of an incomplete referral form, or providing insufficient details, may delay your application.*

Please select the centre you wish to attend:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| St Michaels Lodge, Northcote Road, Langho | | Malvern House, Green Lane, Liverpool | | | |
| Clemonds Hey, Oakmere Road, Winsford | | Progress House, Broadstone Hall Road South, Stockport | | | |
| Federation House, The Green, Penrith | | Wales – various locations | | | |
| **PERSONAL INFORMATION** | | | |  | |
| Surname: | | Forenames: | | | |
| Address: | | Contact number: | | | |
|  | | Email address: | | | |
| Postcode: | | D.O.B.: | | | |
| Force (if retired, previous force): | | Collar number: | | | |
| Gender: Male Female Prefer not to say | | | |  | |
|  | | | |  | |
| **APPLICANT’S CONDITION** | | | | | |
| Please describe your condition and how long you have had this condition/these symptoms. | | | | | |
| **PREVIOUS OR ONGOING TREATMENT** | | | | | |
| Please describe any previous or ongoing treatment/interventions you have received in relation to this condition. | | | | | |
| **CURRENT WORK STATUS** | | | | | |
| Please indicate which of the following applies to you | | | | | |
| Currently in work | Recuperative duties | Restricted duties | | | Sick leave |
| Is this related to your condition? Yes No | | | | | |
| **APPOINTMENTS** | | | | | |
| Please specify any dates that you would be **unable** to attend an appointment; include all leave, holiday, court, or other commitments. | | | | | |
| If you have a preference to see a male or female physiotherapist, please specify. We will do our best to accommodate requests though they cannot be guaranteed. | | | | | |
| **PLEASE NOTE** If available, please bring any treatment protocols/x-rays/scans/medical reports to your appointment that may be of benefit to our physiotherapists. | | | | | |
| **SIGNATURE AND DECLARATION** | | | | | |
| I can confirm I am a member of The Ben Fund | | | | | |
| Personal information which you supply to us may be used in several different ways, for example: To make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.  The Ben Fund is committed to protecting your privacy and security. Whenever you provide personal information, we will treat that information in accordance with UK Data Protection legislation. Further details can be found in our Privacy Policy which can be found on our website at: <https://www.thebenfund.co.uk/privacy-policy>.  I understand that all personal information on this form will be confidential to the professional and administrative staff of The Ben Fund and no personal information or clinical reports will be shared without my express consent unless required by law.  I agree to The Ben Fund contacting me using the details I have provided. | | | | | |
| Signature: | | | Date: | | |