ADDENBROOKE’S HOSPITAL PHYSIOTHERAPY SELF-REFERRAL FORM FOR THE PREGNANCY-RELATED PELVIC GIRDLE PAIN (PGP) VIRTUAL CLASS

# For patients registered with a GP

Please complete ALL questions and email this referral form to: add-tr.pelvichealth.physiotherapy@nhs.net

Putting ‘Referral to PGP Class’ in the subject line

Alternatively, you may post your completed form to:

PGP Class, Pelvic Health & Obstetric Physiotherapists, Outpatient Physiotherapy Department PO Box 185, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ

Your referral will be assessed by a physiotherapist and you will be contacted to invite you to the next available PGP class.

We are unable to accept referrals for those **under the age of 16**.

Please note that the class is unsuitable for **anyone requiring an interpreter** – please complete the standard physiotherapy self-referral form instead, stating that you need an interpreter.

Full Name: Date of Birth

Daytime phone no: Mobile no:

Are you happy for us to leave an answer phone message? YES/ NO

Address: GP:

 Surgery:

 Hospital/NHS Number (if known):

Postcode: Occupation:

Obstetrician/Midwifery Team: **Expected Date of Delivery:**

How long have you had the current problem?

Have you consulted your GP or Midwife about this problem? YES/NO Are you signed off sick for this problem? YES/NO

Have you had this problem before? YES/NO

Have you received any physiotherapy for this problem YES/NO

# Your pregnancy:

Is this your first pregnancy? YES/NO

Do you have a history of miscarriage? YES/NO

How many weeks pregnant are you?

Are there any other problems with this pregnancy?

Please provide a brief description of your symptoms:

What types of symptoms are you getting? (Please circle)

PAIN ACHE WEAKNESS ABNORMAL SENSATION

OTHER

e.g. numbness, pins and needles, tingling

Are your symptoms? IMPROVING/WORSENING/STAYING THE SAME Please use the body chart to show where you feel your symptoms:

Do you have any concerns regarding this pregnancy or the birth?

# Your health:

Do you have any bladder or bowel problems? YES/NO

Do you have numbness between the legs (saddle anaesthesia)? YES/NO Do you get pins and needles in both legs at the same time? YES/NO Does coughing/sneezing increase your pain? YES/NO

Does your problem cause you significant sleep loss every night? YES/NO Do you have a personal history of cancer? YES/NO

Do you have any major illnesses? If so, please list

Have you had any operations? If so, please list

Signature: Date:

**The Pelvic Girdle Questionnaire**

To what extent do you find it problematic to carry out the activities listed below **because of pelvic girdle pain**? For each activity tick the box that best describes how you are now.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How problematic is it for youbecause of your pelvic girdle pain to: | Not at all0 | To a little extent1 | To some extent2 | To a great extent3 |
| 1. Dress yourself |  |  |  |  |
| 2. Stand for less than 10 minutes |  |  |  |  |
| 3. Stand for more than 60 minutes |  |  |  |  |
| 4. Bend down |  |  |  |  |
| 5. Sit for less than 10 minutes |  |  |  |  |
| 6. Sit for more than 60 minutes |  |  |  |  |
| 7. Walk for less than 10 minutes |  |  |  |  |
| 8. Walk for more than 60 minutes |  |  |  |  |
| 9. Climb stairs |  |  |  |  |
| 10. Do housework |  |  |  |  |
| 11. Carry light objects |  |  |  |  |
| 12. Carry heavy objects |  |  |  |  |
| 13. Get up/sit down |  |  |  |  |
| 14. Push a shopping cart |  |  |  |  |
| 15. Run |  |  |  |  |
| 16. Carry out sporting activities\* |  |  |  |  |
| 17. Lie down |  |  |  |  |
| 18. Roll over in bed |  |  |  |  |
| 19. Have a normal sex life\* |  |  |  |  |
| 20. Push something with one foot |  |  |  |  |

\* if not applicable, mark box to the right

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How much pain do youexperience; | None0 | Some1 | Moderate2 | Considerable3 |
| 21. in the morning |  |  |  |  |
| 22. in the evening |  |  |  |  |
| To what extent because of pelvic girdle pain; | Not at all0 | To a little extent1 | To some extent2 | To a great extent3 |
| 23. has your leg/have your legsgiven way? |  |  |  |  |
| 24. do you do things more slowly? |  |  |  |  |
| 25. is your sleep interrupted? |  |  |  |  |

Scoring procedure: The scores are summarized and recalculated to a percentage score from 0 (no problem at all) to 100 (maximum problem).

(Developed by Britt Stuge et al 2010)