Integrated MSK, Pain & Rheumatology Service
Connected care for Muscles, Joints and Pain Management

NHS East Lancashire Hospitals NHS Trust

Spinal Drop-in Clinic

Printable version of paperwork

Please print off and complete all 4 pages and bring with you to the spinal clinic, times / locations below, where you will be allocated an appointment time.

- **Page 1 – Name / address / contact details / body chart / symptoms / medication**
- **Page 2 – Spinal Drop In Questionnaire**
- **Page 3 – Patient Specific Functional Index**
- **Page 4 – The Keele STarT Back Screening Tool**

If you have any questions or queries please contact any of our sites Mon – Fri 8.30 am – 4.30 pm, closed weekends, bank and public holidays.

Physiotherapy Sites	Spinal Drop-In Dates and times
Barbara Castle Way Health Centre Simmons St, Blackburn, BB2 1AX **Tel**: 01254 736111 / 736112	Monday 8.30 am – 2.30 pm **NB: Strict time limits to parking. If possible, please find alternative parking as fines could be imposed.**
Darwen Health Centre James Street West, Darwen, BB3 1PY **Tel**: 01254 736121	Wednesday 8.15 am – 2.00 pm
Burnley General Hospital Casterton Avenue, Burnley, BB10 2PQ **Tel**: 01282 803294	Monday 12.15 pm – 2.15 pm
St Peter's Primary Health Care Centre Church St, Burnley, BB11 2DL **Tel:** 01282 805570 / 803294	Thursday 8.00 am – 12.00 pm
Pendle Community Hospital Leeds Road, Nelson, BB9 9SZ **Tel**: 01282 804962	Tuesday 8.30 am – 10.30 am Thursday 12.45 pm - 2.45 pm
Rossendale Primary Health Care Centre Bacup Road, Rawtenstall, BB4 7PL **Tel**: 01706 235398	Wednesday 8.45 am – 2.30 pm
Accrington Pals Health Centre 1 Paradise Street, Accrington, BB5 2EJ **Tel**: 01254 736018	Tuesday 8.45 am– 11.00 am Thursday 12.30 pm – 2.45 pm
Clitheroe Community Hospital Chatburn Road, Clitheroe, BB7 4JX **Tel**: 01200 449030	Monday 1.45 pm – 4.15 pm Thursday 8.15 am – 10.30 am

EMIS No:			
SOS DATE:	TMTS:	STarT: L M H	
DSCH DATE:	DSCH CODE:	NHS:	
GENERAL RISK:	LOW	MEDIUM	HIGH

NHS East Lancashire Hospitals NHS Trust

Physiotherapy Drop-In Clinic

Surname: ____

Forenames: __________________________Title (Mr/Mrs/Miss/Ms)
Other ___________

Date of Birth: _______________ Age: ________

Address: ____

____

________________________________ Post Code: ___________

Home telephone no: ____________________________________

Work telephone no: ____________________________________

Mobile telephone no: ___________________________________

E-mail address: ____
(Provision of your e-mail address is an indication that we can contact you in the future about service improvements)

We have to ask your permission / consent to view your medical records? (For e.g. held by your GP surgery/hospital to help with your care and treatment).
Yes I give consent ☐ No I do not give consent ☐

Your GP Surgery: ______________________________________

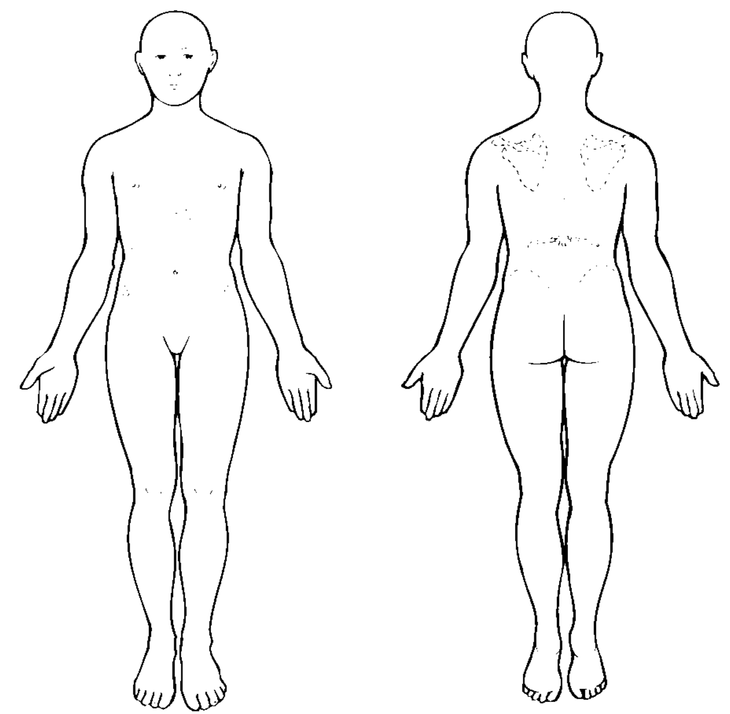
Name of your GP: ______________________________________

Date: _______ 20 _____

© 2013 East Lancs Hospitals NHS Trust. All rights are reserved. Not to be reproduced in whole or part without the permission of the copyright holder.

Please indicate on the body chart where your pain/problem is.
Please use the following symbols:

Numbness	Pins and Needles	Ache	Pain
====	oooo	xxxx	////



How long have you had these symptoms? _______________
Briefly describe your symptoms: ___________________________

____

____

Is there anything else you think we should know about your health or situation e.g. previous surgery, medical conditions, pregnancy, orthotics etc.? ____

____

Current medication for this problem: _________________________

____

Drop In Questionnaire
(Please ensure all questions are answered)

Name: ____________________ Date of Birth: ________________ EMIS No: __________

Please tick the appropriate box for your answer

1 Have your symptoms started as a result of an injury?

Yes ☐ No ☐

If yes, please specify the date and nature of the injury:

....

2. Have you used steroid tablets for longer than 3 months?

Yes ☐ No ☐

3. Have you had any weight loss since the onset of your symptoms?

Yes ☐ No ☐

4. Are you experiencing any of the following symptoms?

Difficulties with your bladder, bowel or sexual function **since the onset of your symptoms**, e.g. altered toilet habits?

Yes ☐ No ☐

Loss of feeling in the body areas that sit on the saddle?

Yes ☐ No ☐

5. Have you had an infection in the last 3 months?
If yes, please specify:

....

6. Please tick the box if you have a history of any of the following conditions.

Osteoporosis ☐ ....

Tuberculosis ☐ ....

Cancer ☐ ....

7. Please tick the appropriate box if you have received treatment from any of the following practitioners. Please indicate approximate dates of any treatment.

Physiotherapy ☐ ....

Osteopathy ☐ ....

Chiropractor ☐ ....

Other, please indicate: ....

© 2013 East Lancs Hospitals NHS Trust. All rights are reserved. Not to be reproduced in whole or part without the permission of the copyright holder.

Patient Specific Functional Index Scale

To help us work with you to set goals and targets for your episode of care within the physiotherapy service could we ask you to complete the following:

Name: ____

D.O.B: ____

Today's Date: ____

Please think of two important activities that you are unable to do or are having difficulty with **because of the problem you have come to see us about.** Please write the activities where indicated and then circle the number that is closest to your ability to carry out that activity today.

Activity One:____

0 1 2 3 4 5 6 7 8 9 10

Unable to Perform Activity **Able to Perform Activity**

Activity Two: ____

0 1 2 3 4 5 6 7 8 9 10

Unable to Perform Activity **Able to Perform Activity**

The Keele STarT Back Screening Tool

© 2013 East Lancs Hospitals NHS Trust. All rights are reserved. Not to be reproduced in whole or part without the permission of the copyright holder.

Integrated MSK, Pain & Rheumatology Service
Connected care for Muscles, Joints and Pain Management

NHS
East Lancashire Hospitals
NHS Trust

Name:. . . . . Date: . . . . EMIS No: . . . .

Thinking about the **last 2 weeks**, tick your response to the following questions:

		Disagree 0	Agree 1
1.	My pain had **spread** in the last 2 weeks.	☐	☐
2.	In addition to my main pain, I have had pain elsewhere in the last two weeks.	☐	☐
3.	In the last 2 weeks, I have only **walked short distances** because of my pain.	☐	☐
4.	In the last 2 weeks, I have **dressed more slowly** than usual because of pain.	☐	☐
5.	It is not really safe for a person with a condition like mine to be physically active.	☐	☐
6.	**Worrying thoughts** have been going through my mind a lot of the time in the last 2 weeks.	☐	☐
7.	I feel that **my pain is terrible** and **it's never going to get any better.**	☐	☐
8.	In general in the last 2 weeks I have **not enjoyed** all the things I used to enjoy.	☐	☐

Distress sub–scale

9. Overall, how **bothersome** has your pain been in the **last 2 weeks.**

Not at all	Slightly	Moderately	Very Much	Extremely
0	0	0	1	1
☐	☐	☐	☐	☐

Total score (all 9): . . Sub-score (Q5-9) . . Low / Medium / High

© Keel University 01/08/07
Funded by Arthritis Research UK

Safe | Personal | Effective

© 2013 East Lancs Hospitals NHS Trust. All rights are reserved. Not to be reproduced in whole or part without the permission of the copyright holder.