



Adult Self-Referral Form for Walking Aid Assessment at Physiotherapy

(Instructions and Information are overleaf)

Our waiting lists do vary and you may wait several weeks for an appointment. If you have a problem that requires urgent attention – please seek medical advice from your GP or NHS 24 (111).

This form is for walking aids only

Name			Today's Date	,		
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Date of		Date of	Birth		
Address		Home telepl	hone			
Postcode		Mobile telep number	hone			
GP Name		GP Address	3			
Next of Kin		NOK Contac number	ct			
Are you able to attend an Out-patient appointment at Slateford Medical Centre or Leith Community Treatment Centre for this assessment?				Yes / No		
Do you have aid?	an existing walking	Yes / N	1O	Details:		
Reason for referral (please tick the type of walking aid required):						
Walking stick						
Indoor walking aid						
Outdoor walking aid						
Other Details:						

If you have a walking aid which is broken/faulty which was provided by The Edinburgh Community Equipment Stores, within the past 18 months, please contact them directly on 0131 529 6300 to arrange a replacement.

If you require a wheelchair assessment, please speak with your GP.

ist of medical conditions	List of medications		
are you currently being seen by your GP or nother health professional?	Yes / No	Details:	
Please let us know if you have any difficu	ılty speaking Englis	sh or have other needs	

Information and instructions

- This form is for people who would like to be assessed for a walking aid.
- We will contact you to arrange an appointment to assess you for a walking aid.
- We will consider what matters to you and what you will use a walking aid for so that you can safely enjoy using it.

Please send your completed form to:

Physio @ Home

Allermuir Health Centre

165 Colinton Mains Drive

Edinburgh

EH13 9AF

0131 3122160