## PHYSIOTHERAPY SELF REFERRAL INFORMATION

Below explains the steps you will need to take to submit your referral.

Once you click on the link you will be required to complete a self-registration screen, please complete all sections and click on start:

New Questionnaire	tenistration		Start
If this is a new questi	nnaire, please complete the registration details below. If you are returning to a saved guestionnaire, please click here .		Rhondda
First Name * Last Name *		-	Cynon Taf and will be
Email *			able to select from
Form <b>*</b>			dropdown
Enter Code	FJQYVG9Q Please enter the code above		

You will then be directed to the following screen:

HORI UPATIONAL HEALTH SOFTWARE		
		You will have received an email wit
		these details on please copy and
		paste into these sections
	HX	
Viciot	2 . S	
ter the code above		
	IUPATIONAL HEALTH SOFTWARE	IUPATIONAL HEALTH SOFTWARE

You will then be required to complete the following screen:

COHORT						<b>9</b> HELP	්) LOG OFF
SHS Questionnair	e - Registration Forr	n					
Please complete all relevant and mandatory ques	tions. You can save your questionnaire at any time by cli	cking the save button. Once complete, please subm	iit your questionnaire.				
REGISTRATION DETAILS							
Title * First Name * Last Name *	¥	NI Number Birth Name Gender	*				
DOB *	•		SelfReg121	9			
CONTACT DETAILS							
Address 1 🌸		Home Tel					
Address 2 *		Mobile Tel	*				
Address 3		SMS					
Address 4		Day Tel					
Address 5		Email					
Address 6 Postcode *							
				SAVE		NEXT	SURMIT
Created By: Updated By:	User:			BAVE	SHS	Plus - Cohor	Software Limit

Once complete click on Save and Next, which will take you to the questionnaire details page:

<b>PF EE 1 1 11</b> 11	E E E 💌 K K K K K K K K K K K K K K K K K K
COHORT	O HELP O LOG OFF
SHS Questionnaire - Questions	
Please complete the relevant questions. You can save your application at any time by clickin Questionnaire:	ng the save button. Once complete, please submit your application.
PHYSIOTHERAPY SELF REFERRAL QUESTIONNAIRE	
* Please take time to complete this form carefully. Please tell us briefly about your problem. Try to include: the main problem, how It started, when it started, whether you have had this or a problem before and what it is usu would like help or achiec with:	
* Are you happy for us to contact you via telephone?	○ Yes ○ No
* Are you happy for us to contact you via email?	○ Yes ○ No
We are able to offer the following appointment types, please tick all you are happy to receive [please tick all that apply]:	Telephone Video Call Face 2 Face
Are there any days or times you are unavailable to speak over the next 2 weeks? If so, please provide details.	
Are you happy for us to inform your line manager you have self- referred? [the details of your problem will not be shared, it is so they know you have an appointment.]	<ul> <li>Yes I am happy for line manager to be informed</li> <li>No do not tell my line manager I have self-referred</li> </ul>
Further Occupational Health Services available:	
Wellbeing Helpline - Due to the impact of the Corona Virus, and the level of cha	ange that we are experiencing, many staff are feeling worried, anxious and isolated. In order to support staff through
<u>-</u> · · · //	SAVE 📢 PREVIOUS 👂 NEXT 🎧 SUBMIT

Once completed click on Next:

This screen below is if you would like to attach any information (Fit note / GP Report / Any additional information you think is relevant):

- Click on Add files
- Then click on Start Upload (once Complete) click on next
- IF NOTHING TO ATTACH just skip page by clicking NEXT

COHORT					91	HELP 🖒 LOG	OFF
SHS Question	onnaire - F	ile Attachm	ent				
File Upload							
Filename					Size	Status	
							^
			Drag files here.				
							~
Add Files 🗄 Start Upload	d				0 Ь	0%	
FILE ATTACHMENTS							
Uploaded	Attached By	Description					
				🔚 SAVE 📢 PREV	VIOUS 🕨 N	IEXT 🔒 SUB	MIT

This will then take you to the last page, please follow instructions by Typing in I Agree . (You will also be able to view the full questionnaire underneath to double check you are happy that you have completed correctly) and click on the SUBMIT button which will send the referral through to the Occupational Health Unit.

COHORT			<b>9</b> HELP	O LOG OFF
SHS Questionnaire - Declaration				
Please review your answers below before submitting the questionnaire				
Please sign the declaration by typing "I AGREE" below 1. I acknowledge that my personal details will be stored both electronically and manually by the Occupational Health Service in accordance with Data Protection Act 1998. 2. If I have any concerns about how this information is handled I will contact the Occupational Health Service. 3. I declare that the information provided by me in this entire form is true and completed to the best of my knowledge.				
Please type "I AGREE"				
Questionnaire: ****Physiotherapy Self Referral Questionnaire PHYSIOTHERAPY SELF REFERRAL QUESTIONNAIRE				
<ul> <li>Please take time to complete this form carefully.</li> <li>Please tell us briefly about your problem. Try to include: the main problem, how it started, when it started, whether you have had this or a</li> </ul>	SAVE	4 PREVIOUS	▶ NEXT	SUBMIT
	- Ditte			

Mae'r ddogfen hon ar gael yn Gymraeg / This document is also available in Welsh