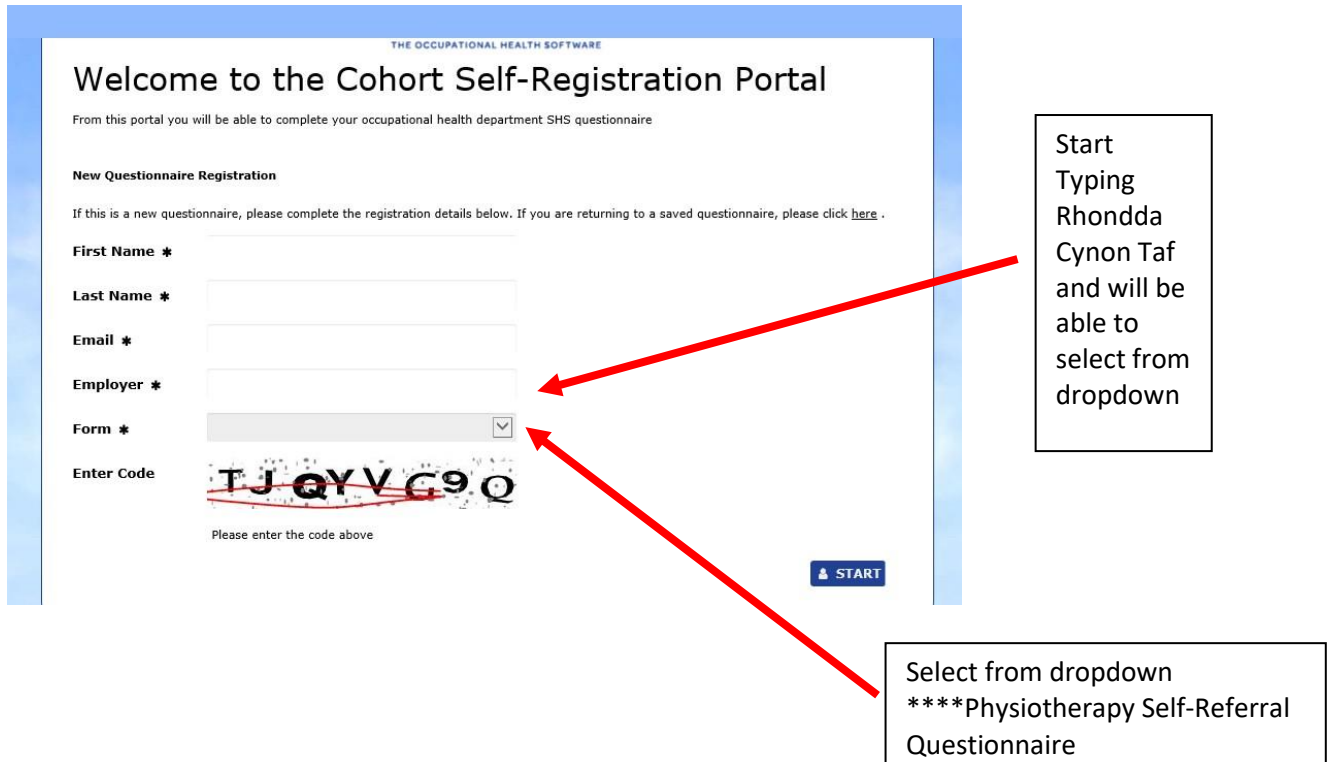


PHYSIOTHERAPY SELF REFERRAL INFORMATION

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:

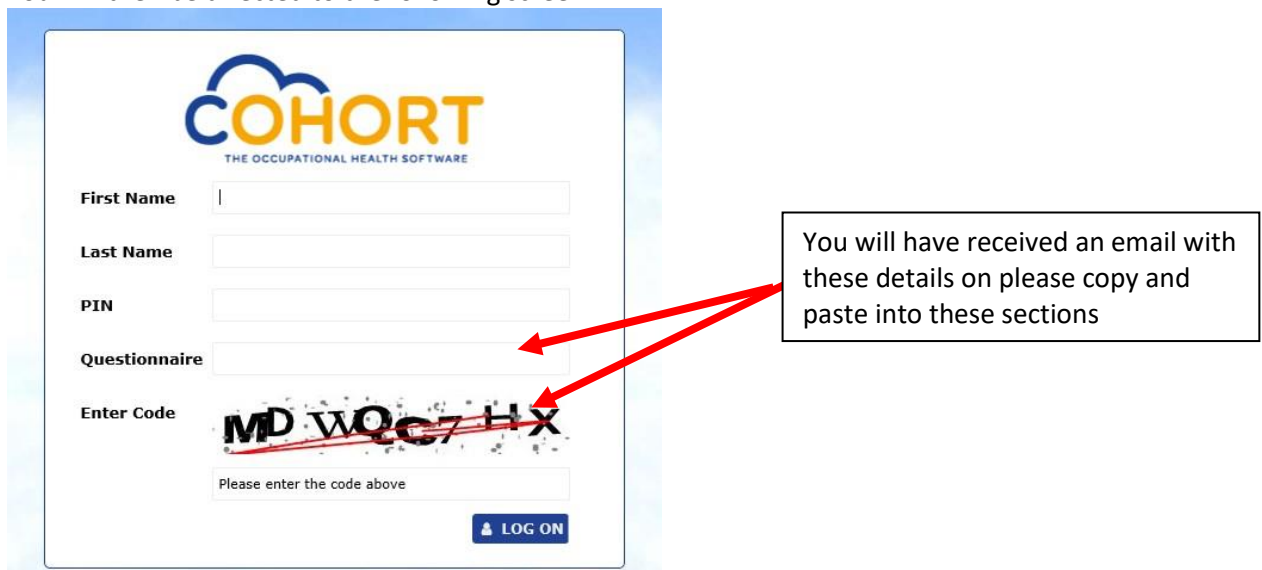


The screenshot shows the 'Welcome to the Cohort Self-Registration Portal' page. The page title is 'THE OCCUPATIONAL HEALTH SOFTWARE' and 'Welcome to the Cohort Self-Registration Portal'. Below the title, it says 'From this portal you will be able to complete your occupational health department SHS questionnaire'. The main section is 'New Questionnaire Registration' with instructions: 'If this is a new questionnaire, please complete the registration details below. If you are returning to a saved questionnaire, please click [here](#).' The form fields are: 'First Name *', 'Last Name *', 'Email *', 'Employer *', 'Form *' (a dropdown menu), and 'Enter Code' (a CAPTCHA image showing 'TJ QYV G9 Q'). A 'START' button is at the bottom right. Two red arrows point from text boxes to the 'Form *' dropdown and the 'Enter Code' field.

Start Typing Rhondda Cynon Taf and will be able to select from dropdown

Select from dropdown
****Physiotherapy Self-Referral Questionnaire

You will then be directed to the following screen:



The screenshot shows the Cohort login screen. The page title is 'THE OCCUPATIONAL HEALTH SOFTWARE' and 'COHORT'. The form fields are: 'First Name', 'Last Name', 'PIN', 'Questionnaire', and 'Enter Code' (a CAPTCHA image showing 'MD WQc7 HX'). A 'LOG ON' button is at the bottom right. Two red arrows point from a text box to the 'Questionnaire' and 'Enter Code' fields.

You will have received an email with these details on please copy and paste into these sections

You will then be required to complete the following screen:

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

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

SHS Questionnaire - File Attachment

Filename	Size	Status
Drag files here.		
Add Files	Start Upload	0 b 0%

FILE ATTACHMENTS

Uploaded	Attached By	Description
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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.

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"

This step allows you to submit your referral form. If you are sure you wish to submit your referral click the submit button below.

Questionnaire: ****Physiotherapy Self Referral Questionnaire

PHYSIOTHERAPY SELF REFERRAL QUESTIONNAIRE

* Please take time to complete this form carefully.

Back, neck and shoulder pain since working from home

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

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