PLEASE COMPLETE ALL SECTIONS, OTHERWISE FORM WILL BE RETURNED

Acceptable file formats are PDF or DOC

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client details NHS number: Click here to enter text. | | | | DOB Click here to enter a date. | |
| Surname: Click here to enter text. | | | Title: Choose an item. | | |
| Forename: Click here to enter text. | | | | | Male  Female |
| Address: Click here to enter text. | | | | | |
| Click here to enter text. | | | Postcode: Click here to enter text. | | |
| Tel no: Click here to enter text. | Mobile: Click here to enter text. | | | | |
| Ethnicity: Click here to enter text. | | Interpreter required? Y  N | | | |
| NOK/other contact Click here to enter text. | | | | | |
| NOK tel no: Click here to enter text. | | | | | |
| Other details eg should visit in pairs, key safe number: | | | | | |
| Click here to enter text. | | | | | |

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| --- | --- | --- |
| Diagnosis & PMH (wheelchairs are only provided to those with permanent disability)  Click here to enter text. | | |
| Height: Click here to enter text. | | Weight: Click here to enter text. kg |
| Current medical status Stable  Deteriorating  Improving  Use of arms (e.g. strength to self-propel) Click here to enter text.  Use of legs (e.g. contractures, ability to walk) Click here to enter text. | | |
| **Reason for referral** Click here to enter text. | | |
| New wheelchair user | Current wheelchair user | |
| **Expected use of wheelchair** Full time ie cannot walk  Part time | | |
| **Type of wheelchair** Transit ie pushed by carer | | |
| Self-propelling | | |
| Powered wheelchair  *NB powered wheelchairs for outdoor use only are NOT supplied by the NHS – please direct client to private funding for these*. | | |

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| --- | --- | --- |
| **Referrer Details** | | |
| GP Name Click here to enter text. Practice Code Click here to enter text. | | |
| Practice name & Address Click here to enter text. | | |
| Click here to enter text. | Tel no: Click here to enter text. | |
| CCG Choose an item. | | |
| Signature | | Date Click here to enter a date. |

Email (from NHS.net only) [Stgh-tr.roehamptonwheelchairservice@nhs.net](mailto:Stgh-tr.roehamptonwheelchairservice@nhs.net)