

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Powered Wheelchair and Mobility Scooters**

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| Please complete as much information as possible; if you would like to discuss any aspect of your referral, please contact North East Drive Mobility Tel: 0191 2875090  **If you are referring from CNTW NHS Foundation Trust PLEASE NOTE: North East Drive Mobility does not have access to Mental Health records held by CNTW on RIO so please enclose any information that is appropriate for the referral.**  Please note powered chair and mobility scooter assessments can only be carried out at our Newcastle Centre. | | | | |
| **Section A: Personal details** | | | | |
| Full name: | |  | | |
| DOB: | |  | | |
| Address: | | If the client is not currently at their home address, please provide details: | | |
| Contact Information: | | Home phone:  Mobile:  Email: | | |
| Client consents to referral | | | | |
| **Section B: Referrer details** | | | | |
| Name: |  | | | |
| Role: |  | | | |
| Tel number: |  | | | |
| **Section C: GP details** | | | | |
| GP Name: |  | | | |
| GP Practice: |  | | | |
| Address: |  | | | |
| **Section D: Medical history and current functioning** | | | | |
| Diagnosis and how the condition affects them: | | | | |
|  | | | | |
| Relevant past medical history (please include any relevant cognitive assessment results): | | | | |
| Height: Weight: | | | | |
| Physical ability | | | | |
| Indoor mobility:  Outdoor mobility:  Transfers:  Do they currently have: A powered chair  A mobility scooter  If so why is this not meeting their needs? | | | | |
| Are there any issues you are aware of relating to the following? | | | | |
| Vision: Yes  No  Details:  Seizures: Yes  No  Details: | | | | |
| Benefits | | | | |
| Is the client receiving higher rate PIP or DLA: | | | | |
| Driving Experience | | | | |
| Current driver  Previous driver  Never driven  Details: | | | | |
| **Section E: Powered wheelchair and mobility scooter** | | | | |
| What is the client interested in trying? Powered Wheelchair  Mobility Scooter | | | | |
| What will the client be using it for?: | | | | |
| Where will it be used? | | | | |
| Outside:  On pavements.  On public transport.  On the road.  Over rough terrain and hills.  In the dark.  Longer distances. | | | Indoors:  Any access issues around the clients property?  Any access issues into the property? | |
| Will it be transported by car? Yes No Make and model: | | | | |
| Where will it be stored? | | |  | |
| Is there a charging point in this location? | | | Yes No | |
| Any seating or postural needs? | | | | |
| Ability to control powered chair:  The client may have physical difficulties  details:  The client may have cognitive difficulties  details: | | | | |
| Will the client be assisted by a carer when using the chair or scooter Yes No  Carer needs and abilities: | | | | |
| **Section H: Other** | | | | |
| Is an interpreter required? | | | | Yes  No  details: |
| Are there any carers or professionals that need to be present for the assessment: | | | | Yes  No  details: |

Once you have completed the form either:

1. **Print off and send by post to: Mobility Clinician, North East Drive Mobility, Walkergate Park, Benfield Road, Newcastle upon Tyne, NE6 4QD**
2. **Send the form electronically as an attachment and a covering email to North East Drive Mobility at: northeast.drivemobility@cntw.nhs.uk**

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