

**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 drivenDetails: |
| **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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