

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Driving Assessment**

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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 tick which Centre your client would like to attend:  Newcastle upon Tyne 🞎 Carlisle 🞎 Teesside (Stockton-on-Tees) 🞎**  Please note, Track Only Assessments for clients without a licence 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: | | | |
| Are there any known risk behaviours relating to your client, e.g. aggressive behaviour, which the assessment team need to be aware of? | | | | | Yes  No |
| If yes, please provide details: | | | | | |
| Are you aware of any allergies that your client may have? | | | | | Yes  No |
| If yes, please provide details: | | | | | |
| **Please note date referral created:** | | | | | |
| Please tick this box to confirm your client has been made aware of the service NEDM provides, and have provided consent to this referral. (**We will be unable to proceed with the referral if consent for assessment has not been given**) | | | | | |
| **Section B: Referrer details** | | | | | |
| Name: |  | | | | |
| Role: |  | | | | |
| Address: |  | | | | |
| Tel number: |  | | | | |
| Email: |  | | | | |
| **Section C: GP details** | | | | | |
| If you are not the client’s GP, please provide us with their GP details | | | | | |
| GP Name: |  | | | | |
| GP Practice: |  | | | | |
| Address: |  | | | | |
| Tel number: |  | | | | |
| **Section D: Medical history and current functioning** | | | | | |
| Diagnosis: | | | | | |
|  | | | | | |
| Relevant past medical history (please include any relevant cognitive assessment results): | | | | | |
| Height: Weight: | | | | | |
| Please list any current medication: | | | | | |
|  | | | | | |
| How does the client’s medical condition affect them? (E.g. physical functioning, cognition etc.) | | | | | |
|  | | | | | |
| How does the client mobilise? Please detail any mobility aids you are aware of currently used (E.g. wheelchair, walking stick, walking frame) | | | | | |
|  | | | | | |
| How does the client currently transfer? (e.g. independently, with assistance or with aids) | | | | | |
|  | | | | | |
| Are there any issues you are aware of relating to the following? | | | | | |
| Vision: Yes  No  Seizures: Yes  No  Recent surgery: Yes  No  If yes to any of the above, please provide details: | | | | | |
| **Section E: Licence details and notification** | | | | | |
| Does your client have current licence entitlement?  Has the DVLA been notified of the client’s medical condition?    Is the client currently driving?  If the client is not currently driving, is their doctor in support of  them exploring returning to driving via an assessment at  North East Drive Mobility? | | | | Yes  No  Unsure  Yes  No  Advised  Yes  No  Yes  No | |
| *A list of notifiable medical conditions is available on the DVLA website https://www.gov.uk/health-conditions-and-driving. If your client has a notifiable condition and has not yet informed the DVLA please ask them to do so as soon as possible. This can be done by telephoning 0300 790 6806 or online at* [*https://www.gov.uk/health-conditions-and-driving*](https://www.gov.uk/health-conditions-and-driving) *for certain conditions.* | | | | | |
| Any additional comments relating to the above: | | | | | |
| **Section F: Other** | | | | | |
| Is an interpreter required? | | | Yes  No | | |
| If yes, please give details: | | | | | |
| Are there any carers or professionals that need to be present for the assessment: | | | Yes  No | | |
| If yes please give details: | | | | | |
| Please detail any other relevant information below: | | | | | |
| If you would like to attach any other documentation to the referral e.g. copy of clinic/consultation letter, please do so. | | | | | |

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**

V2 – September October 2021