****

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Drive, Passenger or Access/Stowage Assessment**

|  |
| --- |
| 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 NTW NHS Foundation Trust PLEASE NOTE: North East Drive Mobility does not have access to Mental Health records held by NTW so please enclose any information that is appropriate for the referral** |
| **Confidential** |
| **Section A: Personal details** |
| Full name: DOB:Address:Telephone number: Home: Mobile:Email: If the client is not currently at their home address, please provide details: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 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**) [ ]  **Please note date referral created:** |
| **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 detailsGP 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):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 below: |
| **Section E: Assessment location and type** |
| Is this client for: Newcastle [ ]  Penrith [ ]  Teesside [ ] Please note, Track Only Assessments, Passenger Assessments and Access/Stowage Assessments can only be carried out at our Newcastle Centre.Please select the type of assessment required from the options below:Driving assessment: [ ]  **please go to section F**Passenger assessment: [ ]  **please go to section G**Access/Stowage[ ]  **please go to Section G** |
| **Section F: Licence details and notification** |
| Does your client have current licence entitlement? Yes [ ]  No [ ]  Unsure [ ]  Has the DVLA been notified of the client’s medical condition? Yes [ ]  No [ ]  Unsure [ ]  *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.*Is the client currently driving? Yes [ ]  No [ ] 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 [ ] Any additional comments relating to the above: |
| **Section G: Passenger assessments/Access/Stowage**If your referral relates only to an assessment for your client to travel as a passenger in a vehicle, or has difficulty accessing the vehicle, or stowing a wheelchair/Scooter please complete this section. |
| Current vehicle make and model: Current difficulties regarding travelling as a passenger (e.g. posture, transfers etc.), or transferring as a driver, or stowing equipment:Are there any specific difficulties in relation to the following:Travel sickness: Yes [ ]  No [ ]  Communication: Yes [ ]  No [ ]  Behaviour: Yes [ ]  No [ ]  Seizures: Yes [ ]  No [ ]  If yes to any of the above, please provide details below: |
| **Section H: 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: ntawnt.northeastdrivemobility@nhs.net**