

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Passenger  Access Stowage**

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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) 🞎**  **Home visit** | | | | |
| **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, mobility scooter) | | | | |
|  | | | | |
| 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: Passenger/Access/Stowage** | | | | |
| Current vehicle make and model: | | | | |
|  | | | | |
| Current difficulties | | | | |
| Passenger (posture, transfers)  Details:  Transferring to drive .  Details:  Stowing equipment  Details: | | | | |
| 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 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**

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