

**North East Drive Mobility (NEDM)**

**Self Referral Form**

**Powered Wheelchair and Mobility Scooters**

|  |  |  |
| --- | --- | --- |
| 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  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: | |  |
| Contact Information: | | Home phone:    Mobile:  Email: |
| **Section C: GP details** | | |
| GP Name: |  | |
| GP Practice: |  | |
| Address: |  | |
| **Section D: Medical history and current functioning** | | |
| Diagnosis and how the condition affects you: | | |
|  | | |
| Relevant past medical history (please include any relevant cognitive assessment results): | | |
| Height: Weight: | | |
| Physical ability | | |
| Indoor mobility:  Outdoor mobility:  Transfers:  Do you currently have: A powered chair  A mobility scooter | | |

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**