

**North East Drive Mobility (NEDM)**

**Self 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 2875090Please 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**