**North East Drive Mobility (NEDM)**

**Passenger Self Referral Form**

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| **North East Drive Mobility – Passenger self-referral.** | | | | | |
| Full name: |  | | DOB: | |  |
| Address: |  | | | | |
| Home phone:  Mobile: |  | Email: | |  | |
| GP Details |  | | | | |
| Reason for referral | | | | | |
|  | | | | | |
| Please tell us about your health, any medical conditions you have and how they affect you. | | | | | |
| **Please state as much information as possible** | | | | | |
| Please complete of the sections below: | | | | | |
| **Can you transfer independently?**  Yes  with assistance No | | | | | |
| **Present Vehicle:** | | | | | |
| **Type of wheelchair (if any)?** | | | | | |
| **Do you receive?**  **PIP  DLA** | | | | | |
| **Any other information you feel may be relevant?** | | | | | |
| Your information will be triaged by our Lead Clinician, following that you will be contacted to arrange assessment. | | | | | |

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**