**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**