# Oxfordshire Wheelchair Service (OWS) Self-Referral Form

*Please only self-refer if you do not have a healthcare professional involved in your care. Self-referrals are likely to take longer to triage, due to the need for us to check your hospital and GP medical records.*

*If you already have a wheelchair from OWS and need a review, you do not need to complete this form. Call or email us with details of why you would like a review (e.g. problems that you are having, anything that has changed).*

*If you have any difficulties completing this form, please contact us.*

*Our contact details:*

*Phone: 01865 227273 (option 1 for repairs, option 2 for the admin/clinical team)*

*Email:* *owsadministration@ouh.nhs.uk*

## Person completing the form

|  |  |
| --- | --- |
| Who is completing this form? | [ ] Patient [ ] Other |
| If other, what is your name? |  |
| If other, what is your relationship to the patient? |  |
| Date form completed |  |

## Your details

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Title | [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Dr [ ] Mx [ ] Other (please specify) |
| Date of birth |  |
| NHS number |  |
| Address |  |
| Postcode |  |
| Telephone no |  |
| Mobile no |  |
| Email |  |
| If you live in a care home, what type of care do you receive? | [ ] nursing[ ] residential  |
| How do you travel to hospital appointments? | [ ] own transport[ ] bus/taxi[ ] hospital transport[ ] other |

## Your next of kin

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| Email |  |
| Their relationship to you (e.g. your spouse or child) |  |

**Contacting you**

|  |  |
| --- | --- |
| How would you prefer we contact you? | [ ] home phone [ ] mobile phone [ ] email  |
| Who should we contact to arrange appointments or to discuss your referral? | [ ] me [ ] my next of kin[ ] someone else |
| If someone else, please give their details here |  |

## Your GP & other healthcare professionals

|  |  |
| --- | --- |
| GP name |  |
| GP address |  |
| GP practice name |  |
| GP Telephone no |  |
| Do you currently have an occupational therapist (OT) or physiotherapist helping you? | [ ] yes - physiotherapist[ ] yes - occupational therapist[ ] yes - both physiotherapist and occupational therapist[ ] no |
| If yes, please provide their name(s) and contact details |  |

## Your wheelchair needs

* *An attendant wheelchair is one that someone else pushes you in. It has small wheels at the back.*
* *A self-propelled wheelchair is one that you can push yourself or you can be pushed by someone else. It has larger wheels at the back.*
* *A powered or electric wheelchair has a battery and you drive it using a joystick.*

|  |  |
| --- | --- |
| Do you already have a wheelchair? | [ ]  no[ ] yes – from OWS [ ] yes – other NHS [ ]  yes – private  |
| What wheelchair do you have? | [ ]  self-propelled manual wheelchair[ ]  attendant manual wheelchair [ ]  powered/electric wheelchair |
| What type of wheelchair would you like? | [ ]  self-propelled manual wheelchair[ ]  attendant manual wheelchair [ ]  powered/electric wheelchair (note: the criteria for this are very strict and you will require a full assessment which usually takes several months) |
| Where will you use the wheelchair? | [ ]  outdoors only [ ]  indoors at home [ ]  indoors & outdoors |
| How often will you use the wheelchair? | [ ]  every day [ ]  at least 3 times per week [ ]  less than 3 times per week |
| For how long each day will you use the wheelchair? | [ ]  up to 3 hours[ ]  3-6 hours [ ]  more than 6 hours |
| Who will push the wheelchair? | [ ]  me [ ]  someone else (carer/family/friend) [ ]  both me and someone else |

## Your height and weight

*Please give the most accurate information you can here. It will be used to decide what size wheelchair you need.*

|  |  |  |
| --- | --- | --- |
| What is your height? |  | [ ] metres[ ] feet/inches |
| What is your weight? |  | [ ] kg[ ] stone/pounds |
| Are your height and weight estimated or measured? | [ ] estimated[ ] measured |  |

## How you get around

|  |  |
| --- | --- |
| How do you move around your home? | [ ]  I can walk without help[ ]  I can walk but need to hold onto furniture / someone else[ ]  I can walk with the help of an aid (e.g. a frame or walker)[ ]  I can’t walk at all |
| How do you move around outside your home? | [ ]  I can walk without help[ ]  I can walk but need to hold onto furniture / someone else[ ]  I can walk with the help of an aid (e.g. a frame or walker)[ ]  I can’t walk at all |
| How do you transfer between e.g. a bed and a chair? | [ ]  I can stand on my own without help[ ]  I can stand with someone’s help[ ]  I can stand with the help of an aid (e.g. a frame)[ ]  I use a transfer aid and someone’s help (e.g. ross return or sara steady)[ ]  I use a hoist |
| Is your ability to walk or move changing? | [ ]  no, it’s staying the same[ ]  yes, it’s getting worse[ ]  yes, it’s getting better |
| Do you have any difficulties sitting in a standard chair (e.g. a dining or armchair) | [ ]  no[ ]  I lean to the side[ ]  I slide in the chair |
| If there is anything else you think we should know about how you move or transfer, please write it here: |  |

## Medical details

|  |  |
| --- | --- |
| What medical condition(s) do you have? Please details of anything relevant to your referral and use of a wheelchair. |  |
| Do you have any pressure sores? | [ ] yes [ ] no |
| If yes, where on your body are they? | [ ] bottom [ ] feet [ ] legs [ ] back [ ] other |

## Notes re eligibility:

* If you only need the wheelchair outdoors, you are eligible for a standard steel wheelchair only
* If you live in a nursing home, we are not able to provide you with a standard transit wheelchair

Please return this form to owsadministration@ouh.nhs.uk