

SPECIALIST DISABILITY SERVICE REFERRAL FORM

24 hour posture management and baby care advice

Oxford Centre for Enablement, Windmill Road, Headington, Oxford, OX3 7HE
T: 01865 227 447 | specialist.disabilityservice@ouh.nhs.uk

CLIENT'S DETAILS			
Full name:		Title:	
Address:	Date of birth:		
	NHS no:		
Contact for arranging appointment:	Telephone no:		
	Mobile no:		
	Email:		
Diagnoses:			Height:
			Weight:
Ability to communicate and method of communication:			
Consent gained from the client for this referral:			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Best interest <input type="checkbox"/>
GP (name and initial) *:			
Name/place of practice:			
<i>* Essential information to identify CCG before referral is processed</i>			
REFERRER'S DETAILS			
Referred by:		Job title:	
Address:		Email:	
		Mobile:	
		Office:	Please provide direct line, failure to do so may delay triage.
OTHER RELEVANT PROFESSIONALS INVOLVED (as applicable)			
Name and profession	Contact details		Involvement
Indicate means of transport to appointment:	Own/home vehicle		Ambulance
If a home visit is required, please provide:	A brief rationale		
	Access details		

REASON FOR REFERRAL	
Please select the area(s) of the service for which a referral is being made:	
Wheelchair seating: <i>Referrals accepted from wheelchair services or for clients already known to SDS, otherwise, please contact the client's local wheelchair service for any wheelchair seating needs. We do not accept wheelchair referrals for Oxfordshire patients. Please refer directly to OWS. Alternatively, for private referrals and second opinions, please ring SDS to discuss.</i>	
Complex wheelchair controls: <i>Referrals accepted from wheelchair services or for clients already known to SDS, otherwise, please contact the client's local wheelchair service. We do not accept complex wheelchair controls referrals for Oxfordshire patients. Please refer directly to OWS. Alternatively, for private referrals and second opinions, please ring SDS to discuss.</i>	
Static seating: <i>Please identify and provide details of potential funding sources for equipment prior to referral as SDS does not hold a budget to buy equipment. Alternatively, for private referrals and second opinions, please ring SDS to discuss.</i>	
Bespoke/modification for toilet seat / shower chair: <i>Please identify and provide details of potential funding sources for equipment prior to referral as SDS does not hold a budget to buy equipment. Alternatively, for private referrals and second opinions, please ring SDS to discuss.</i>	
Bed positioning: <i>Please identify and provide details of potential funding sources for equipment prior to referral as SDS does not hold a budget to buy equipment. Alternatively, for private referrals and second opinions, please ring SDS to discuss.</i>	
Baby care advice for people with physical disability: <i>For expectant mothers or carers.</i>	
Detailed reasons for referral, including aims of intervention: <i>(Please provide sufficient information to allow appropriate prioritisation):</i>	
Equipment funding details:	
What interventions/equipment have been tried?	
Other relevant information including medical details e.g., planned surgery, tissue status.	
Method of transfer: <i>(Is equipment currently available and used?)</i>	
Details of home/day care arrangements and care needs:	
Level of mobility?	
Have they had a posture assessment carried out in the past?	
How does this person respond to physical touch when care is being carried out?	
Please attach photos if possible as this will help to allow appropriate prioritisation.	
Signed:	Date of referral:

Please do not hesitate to contact us if you wish to discuss the referral.

Please return completed form to Specialist Disability Service, The Oxford Centre for Enablement, Nuffield Orthopaedic Centre Windmill Road, Headington, Oxford OX3 7HE, specialist.disabilityservice@ouh.nhs.uk (preferred route).