Specialist Mobility Centre For Leicester, Leicestershire & Rutland

For Powered Chairs Please Complete Powered Wheelchair Referral Form.

Manual Wheelchair & Specialist Buggy Referral Form

This form should be completed and signed by the patient's Healthcare Professional.
(For persons with terminal illness or long-term disability of 6 months or longer.)
Please complete all sections fully. Failure to do so will result in delays processing the request.

Client's Personal Details

Title		Gender	Male ☐ Female ☐
Surname			
Forename(s)		Date of Birth	
Preferred Name		NHS Number	
Home Address		Delivery Address	
Post Code		Post Code	
Tel No.		Contact	
Mobile No.		Tel No.	
Email Address		Main Language	
Ethnic Origin		Religion	
Disability			
Relevant Medical Details			

Critical Case (e.g. terminal illness) Yes ☐ No ☐

Essential for hospital discharge? Yes ☐ No ☐ Date:

Is this person already in possession of an NHS wheelchair? Yes ☐ No ☐

Details of GP

Name		Address	
Tel No.			
PCT		Post Code	

Details of Prescriber

Print Name		Address	
Tel No.			
Profession		Post Code	

Would you like to be present at the assessment? Yes ☐ No ☐

Signature _____ Date _____

Assessment Details: Wheelchair

What is the person's walking ability within the home?

What is the person's transfer method?

How often will the wheelchair be used?

Assessment Details: Cushion

Is standard foam cushion adequate? Yes ☐ No ☐ If yes, thickness?:

Suggested cushion?

What is the maximum duration the person will sit in the wheelchair in one session?

Can the person maintain sitting balance in the wheelchair? Yes ☐ No ☐

Person's tissue status:

Previous sore(s): Yes ☐ No ☐ Present sore(s): Yes ☐ No ☐

Site Grade Site Grade

Continence status:

Who will maintain and monitor cushion? Waterlow score

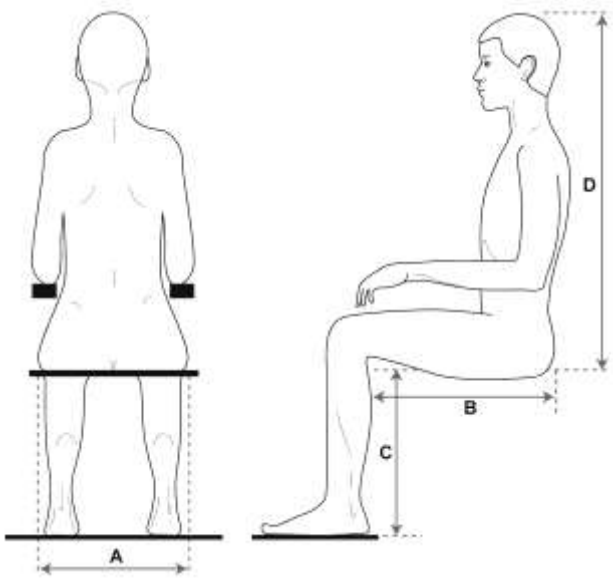
Type Required

Non-Powered Wheelchair:
Person has limited walking ability, likely to be in excess of six months or is terminally ill.

Self Propelling Attendant Push Chair

Measurements

Height	
Weight	
A = Hip width	cms / ins
B = Back of buttocks to back of knee	cms / ins
C = Back of knee to sole of foot	cms / ins
D = Seat to top of head	cms / ins



Further Assessment by Specialist Mobility Centre Team (SMC)

Is further assessment required by SMC? Yes ☐ No ☐

Referrer would like to be present at assessment? Yes ☐ No ☐

Interested in voucher scheme? Yes ☐ No ☐

For Powered Chairs Please Complete Powered Wheelchair Referral Forms in Conjunction With Therapist or Specialist Nurse. We Do Not Provide Scooters or Powered Chairs For Outdoor Use Only.

Other Relevant Information To Support Your Assessment (e.g. Posture, Home Environment, Carer Details)

PLEASE RETURN TO:
Specialist Mobility Centre
17A Meridian East
Leicester
LE19 1WZ

Telephone: 0116 282 3500
Fax: 0116 245 6160