

ENVIRONMENTAL CONTROLS SERVICE

REFERRAL FORM DSC039

Please complete all questions (use additional sheets if required)

Incomplete forms may not be processed

**Bristol Centre for Enablement
Highwood Pavilions
Jupiter Road, Patchway
Bristol BS34 5SP**

Tel: 0117 340 4639

E-mail: environmentalcontrols@nbt.nhs.uk

Select which referral this is for:

Environmental Controls

Computer Access

PATIENT DETAILS

Mr Mrs Miss Ms Dr Other _____ Date of Birth _____
Surname Forenames
ADDRESS

Postcode Telephone
NHS No Email

Is installation address different?
(If yes please provide)

NEXT OF KIN

Name Relationship to patient
Telephone Email

REFERRER DETAILS

Name Profession
ADDRESS

Postcode
Telephone Email

GP DETAILS

Name Practice
ADDRESS

Postcode
Telephone Email

OTHER PROFESSIONALS INVOLVED

Name	Professional	Address	Telephone

PATIENT NAME

DIAGNOSIS
(include date of onset if known)

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FUNCTIONAL ABILITY
(Please give as much information as possible)

Control of Movement	
- Head	
- Trunk	
- Arms	
- Hands	
- Legs	
- Feet	
Vision & Hearing	
Cognitive Ability	
Psychological/ behavioural	
Speech/ communication	

CARE ARRANGEMENT
(Details, dependency, times alone etc.)

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PATIENT NAME

ENVIRONMENTAL CONTROLS

WHAT DOES PATIENT WANT TO CONTROL WITH ENVIRONMENTAL CONTROL EQUIPMENT?

(Continue on separate sheet if required)

COMPUTER ACCESS

What computer does the patient currently have? Laptop/ Desktop/ Tablet
Operating System? Windows/ Mac/ Linux

Does the patient know how to use a computer? If not what support do they have to learn?

Is the patient currently able to use a computer?

How does the patient currently access the computer?

What is the computer used for? What would the patient like to use the computer for?

Has the patient consented to this referral?

Signature of referrer

Designation

Date