

**REFERRAL FOR INDOOR/OUTDOOR
 POWERED WHEELCHAIR ASSESSMENT**

FORM DSC077

Wheelchair & Special Seating Service
Bristol Centre for Enablement
Highwood Pavilions, Jupiter Road
Patchway
Bristol, BS34 5BW

This form should only be used for recommending patients for assessment for an indoor/outdoor powered chair. Please check criteria to ensure patient is eligible. A full assessment of each patient will be carried out by the BCE.

NAME OF PATIENT MR/MRS/MISS ADDRESS	NAME
	FORENAMES
	POSTCODE TELEPHONE
E-MAIL	
EXISTING BCE PATIENT?	YES/NO BCE REFERENCE (if known)
EXISTING WHEELCHAIRS?	MAKE/MODEL
PATIENT DETAILS	NHS NUMBER
	DATE OF BIRTH
	HEIGHT WEIGHT
NAME OF CARER MR/MRS/MISS ADDRESS	NAME
	FORENAMES
	POSTCODE TELEPHONE
CARER'S NEEDS / ABILITIES (specify)	
NAME OF REFERRER	NAME
	PROFESSION
WORK/CONTACT ADDRESS	
	POSTCODE TELEPHONE
E-MAIL	
NAME OF GP	NAME
	PRACTICE
ADDRESS	
	POSTCODE TELEPHONE
PLEASE FORWARD COMPLETED REFERRALS TO WHEELCHAIR SERVICE TO ADDRESS AT THE TOP	
	SIGNATURE OF REFERRER
	DESIGNATION DATE

