Bristol Centre for Enablement

Wheelchair & Special Seating Service



REFERRAL FOR INDOOR/OUTDOORPOWERED WHEELCHAIR ASSESSMENTForm 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 | |
|---|---------------------------------------|--------------------------|
| E-MAIL | POSTCODE | TELEPHONE |
| | | |
| 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 | | |
| E-MAIL | POSTCODE | TELEPHONE |
| | | |
| NAME OF GP | NAME | |
| ADDRESS | PRACTICE | |
| | POSTCODE | TELEPHONE |
| PLEASE FORWARD COMPLETED REFERRALS TO WHEELCHAIR SERVICE TO ADDRESS AT THE TOP | SIGNATURE OF RE DESIGNATION | FERRER DATE |

Wheelchair & Special Seating Service - FORM DSC077

| NAME OF PATIENT | NAME | | |
|---|--|--|--|
| | NHS NUMBER | | |
| | | | |
| DIAGNOSIS | | | |
| Including any visual problems | | | |
| | | | |
| Epilepsy | 🗅 Yes 🗅 No | | |
| WALKING ABILITY | Can your patient walk? Output Not at all Indoors only | | |
| | Indoors and a little outdoors | | |
| | | | |
| USE OF WHEELCHAIR How many days each week will the chair be used: | | | |
| Are any alterations at home being planned: | ng □ Yes □ No | | |
| How will the patient transfer: Does the patient have a Pacem | □ Front □□ Sidewa Other aker: □ Yes □ No | | |

Please detail the use that this patient will make of this wheelchair and the impact it will have on his/her daily living

ANY OTHER COMMENTS YOU HAVE WHICH MAY ASSIST US IN PROVIDING FOR THIS PATIENT SHOULD BE GIVEN ON A SEPARATE SHEET AND SUBMITTED WITH THIS FORM