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