

SPECIALIST DISABILITY SERVICE REFERRAL FORM

Environmental Controls and Computer Access

Oxford Centre for Enablement, Windmill Road, Headington, Oxford, OX3 7HE
T: 01865 227 447 | specialist.disabilityservice@nhs.net

CLIENT'S DETAILS			
Full name:		Title:	
Address:	Date of birth:		
	NHS no:		
Contact for arranging appointment:	Telephone no:		
	Mobile no:		
	Email:		
Diagnoses:			
Other relevant medical details (e.g. planned surgery, tissue status):			
Consent gained from the client for this referral:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Best interest <input type="checkbox"/>
GP (name and initial)*:			
Name/place of practice:			
<i>* Essential information to identify if client is in an area supported by Specialist Disability Service</i>			
REFERRER'S DETAILS			
Referred by:		Job title:	
Address:		Email:	
		Mobile:	
		Office:	
OTHER RELEVANT PROFESSIONALS INVOLVED (as applicable)			
Name and profession	Contact detail	Involvement	
Provide access details to property (e.g. need to use keysafe)			

REASON FOR REFERRAL

Please select the service required: Further information here:

[Computer access \(pdf\)](#)[Environmental control \(pdf\)](#)*N.B. Please complete a different referral form for other SDS services:**<https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx>*

Computer / Tablet / Mobile Phone Access:		<i>We assess people's difficulties with physical access to their devices. Note that we are unable provide the device itself. Note that we do not offer support for accessing work/school devices.</i>		
Environmental Control:		<i>An Environmental Control System can provide a level of independent control of the home e.g., TV, lights, radio, etc.</i>		
Is this a priority Referral	Yes	No		Give details e.g. fast progressing hand function loss or living alone
Is the client able to call for assistance?	Yes	No		Further information
Can the client use a standard remote control?	Yes	No		Other info, i.e. What do they find difficult
Is the client in the property on their own at any point?	Yes	No		Detail on length of period they are on their own
Is there a reason they would not be able to attend a video call?	Yes	No		Detailed reason:
Does the client know how to use a computer?	Yes	No		Other info:
Detailed reason for referral (what computer access functions / appliances in the home does client have difficulty with)				
Ability to communicate and preferred method of communication:				
Other relevant information:				
Signed:				Date of referral:

Please return completed form to Specialist Disability Service, The Oxford Centre for Enablement, Nuffield Orthopaedic Centre Windmill Road, Headington, Oxford OX3 7HE, specialist.disabilityservice@nhs.net (preferred route).