

## SPECIALIST DISABILITY SERVICE REFERRAL FORM

Oxford Centre for Enablement, Windmill Road, Headington, Oxford, OX3 7HE  
T: 01865 227 447 | [specialist.disabilityservice@ouh.nhs.uk](mailto:specialist.disabilityservice@ouh.nhs.uk)

CLIENT'S DETAILS			
Full name:		Title:	
Address:	Date of birth:	NHS no:	
Contact for arranging appointment:	Telephone no:	Mobile no:	
Diagnoses:	Height:	Weight:	
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	
Indicate means of transport to appointment:	Own/home vehicle <input type="checkbox"/>	Ambulance <input type="checkbox"/>	
If a home visit is required, please provide:	A brief rationale		
	Access details		

<b>REASON FOR REFERRAL</b>							
Please select the area(s) of the service for which a referral is being made: <i>N.B. Please complete a different referral from for Mobile Arm Support, Communication aid and Voice amplifier, or Environmental Controls and Computer Access: <a href="https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx">https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx</a></i>							
Wheelchair seating (not Oxfordshire):				Mounting of electronic assistive technology devices:			
Static seating:				Baby care advice for people with physical disability:			
Bespoke/modification for toilet seat / shower chair:				Complex wheelchair controls:			
Bed positioning:							
Detailed reason for referral, including aims of intervention <i>(please provide sufficient information to allow appropriate prioritisation):</i>							
Other relevant information:							
Details of home/day care arrangements:							
Level of mobility: <i>(include type of equipment used)</i>		Indoors:					
		Outdoors:					
Method of transfer: Equipment used							
Care needs:							
Ability to communicate and method of communication:							
Signed:				Date of referral:			
<i>Document name</i>	<i>SDS referral form</i>	<i>Issue Date/ Author</i>	<i>05/2014 DL</i>	<i>Reviewed</i>	<i>14/03/2024 RL</i>	<i>Version</i>	<i>3.0</i>

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