

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@ouh.nhs.uk

CLIENT DETAILS			
Full name:			
Address:		Title:	
		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:			
* Essential information to identify if client is in an area supported by Specialist Disability Service			
REFERRER 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:				
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>			<input type="checkbox"/>
Environmental Control:	<i>An Environmental Control System can provide a level of independent control of the home e.g., TV, lights, radio, etc.</i>			<input type="checkbox"/>
Further information here: Computer access (pdf) Environmental control (pdf)		N.B. Please complete a different referral if you require other SDS services: https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx		
Is this a priority Referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give details: e.g. fast progressing hand function loss or living alone	
Is the client able to call for assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Further information	
Can the client use a standard remote control?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other info, i.e. What do they find difficult	
Is the client in the property on their own at any point?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Detail on length of period they are on their own	
Can the client participate in a video call?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, detailed reason:	
Does the client know how to use a computer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other info:	
Detailed reason for referral (what computer access functions / home appliances does the 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@ouh.nhs.uk (preferred route).