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| SPECIALIST DISABILITY SERVICEREFERRAL FORMEnvironmental Controls and Co**mp**uter Access | | | | | | | | | | | |
| Oxford Centre for Enablement, Windmill Road, Headington, Oxford, OX3 7HE  T: 01865 227 447 | [specialist.disabilityservice@nhs.net](mailto: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 | | No | | | Best interest |
| GP (name and initial)\*: | |  | | | | | | | | | |
| Name/place of practice: | |  | | | | | | | | | |
| *\* Essential information to identify if client is in an area supported by Specialist Disability Service* | | | | | | | | | | | |
| **REFERRER’S DETAILS** | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Referred by: |  | Job title: |  | | Address: |  | Email: |  | | Mobile: |  | | Office: |  |   **OTHER RELEVANT PROFESSIONALS INVOLVED** (as applicable) | | | | | | | | | | | |
| Name and profession | | | | Contact detail | | | | | | Involvement | |
|  | | | |  | | | | | |  | |
|  | | | |  | | | | | |  | |
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| Provide access details to property (e.g. need to use keysafe) | | |  | | | | | | | | |

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| **REASON FOR REFERRAL** | | | | | | | |
| Please select the service required: Further information here:  [Computer access (pdf)](https://www.ouh.nhs.uk/patient-guide/leaflets/files/56414Pcas.pdf)  [Environmental control (pdf)](https://www.ouh.nhs.uk/patient-guide/leaflets/files/56409Pecs.pdf)  *N.B. Please complete a different referral from for other SDS services:*  *https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx* | | | | | | | |
| **Computer / Tablet / Mobile Phone Access:** | | *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.* | | | | |  |
| **Environmental Control:** | | *An Environmental Control System can provide a level of independent control of the home e.g., TV, lights, radio, etc.* | | | | |  |
| 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](mailto:specialist.disabilityservice@nhs.net) (preferred route).