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| SPECIALIST DISABILITY SERVICEREFERRAL FORMEnvironmental Controls and Co**mp**uter Access |
| Oxford Centre for Enablement, Windmill Road, Headington, Oxford, OX3 7HET: 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 [ ]  | 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** |
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| 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 (preferred route).