Oxford University Hospitals
NHS Foundation Trust

SPECIALIST DISABILITY SERVICE
REFERRAL FORM

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:			Telephone no:		
			Mobile no:		
NHS no:		Date of birth:	Email:		
Diagnoses:				Height:	
				Weight:	
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 CCG before referral is processed*

OTHER RELEVANT PROFESSIONALS INVOLVED (as applicable)		
Name and profession	Contact detail	Involvement

Indicate means of transport to appointment:	Own/home vehicle		Ambulance	
If a home visit is required, please provide:	A brief rationale			
	Access details			

REASON FOR REFERRAL			
Please select the area(s) of the service for which a referral is being made:			
Wheelchair seating:		Computer access*:	
Static seating:		Environmental control**:	
Bespoke toilet seat / shower chair:		Complex wheelchair controls:	
Bed positioning:		Mounting of electronic assistive technology devices:	
Pressure mapping:		Baby care advice for people with physical disability:	
Other (please specify below):			

**/ ** Please answer additional questions below*
N.B. Please complete a different referral from for Mobile Arm Support, Communication aid and Voice amplifier:
https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx

Please continue overleaf

* Does the client know how to use a computer?	Yes		No		Other info:	
** Can the client use a standard remote control?	Yes		No		Other info:	
Detailed reason for referral, including aims of intervention *(please provide sufficient information to allow appropriate prioritisation):*						
Other relevant information:						
Details of home/day care arrangements:						
Level of mobility: (include type of equipment used)	Indoors:					
	Outdoors:					
Method of transfer: Equipment used						
Care needs:						
Ability to communicate and method of communication:						

REFERRER DETAILS

Referred by:		Job title:	
Address:		Email:	
		Mobile:	
		Office:	
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).