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:			Date of birth:		
			NHS no:		
Contact for arranging appointment:			Telephone no:		
			Mobile no:		
			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*

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		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: **/ ** 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*								
Wheelchair seating (not Oxfordshire):					Computer access*:			
Static seating:					Environmental control**:			
Bespoke/modification for toilet seat / shower chair:					Complex wheelchair controls:			
Bed positioning:					Mounting of electronic assistive technology devices:			
					Baby care advice for people with physical disability:			
* 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:								
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).