

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Passenger/Access/Stowage**

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| **Section A: Personal details** |
| Full name:  |  |
| Title |  |
| DOB: |  |
| Address: |  |
| Preferred centre | Newcastle upon Tyne 🞎Carlisle 🞎Teesside (Stockton-on-Tees) 🞎Home visit [ ]  |
| Contact Information: | Home phone: Mobile: Email:  |
| Any known risks (aggression, allergies etc): |
| Date referral created: |
| Is an interpreter required?  |
| Has the client has consented to this referral? |
| **Section B: Reason for referral** |
| What is the reason for the referral? |
| **Difficulty accessing the Vehicle** [ ]  **Problems with equipment Stowage** [ ]  |
| Details: |
| Current vehicle make and model:  |
| Is the client driving or a passenger: |
| Are there any specific difficulties in relation to the following: |
| Travel sickness: Yes [ ]  No [ ]  Communication: Yes [ ]  No [ ]  Behaviour: Yes [ ]  No [ ]  Seizures: Yes [ ]  No [ ]  If yes to any of the above, please provide details below: |
| **Section C: Medical history and current functioning** |
| Diagnosis: |
|  |
| Relevant past medical history (please include any relevant cognitive assessment results): |
|  |
| Please list any current medication: |
|  |
| How does the client’s medical condition affect them? (E.g. physical functioning, cognition etc.) |
|  |
| How does the client mobilise? Please detail any mobility aids you are aware of currently used (E.g. wheelchair, walking stick, walking frame, mobility scooter) |
|  |
| How does the client currently transfer? (e.g. independently, with assistance or with aids) |
|  |
| Are there any issues you are aware of relating to the following? |
| Vision: Yes [ ]  No [ ] Seizures: Yes [ ]  No [ ] Recent surgery: Yes [ ]  No [ ]  If yes to any of the above, please provide details: |
| **Section D: Referrer details** |
| Role:  |  |
| Address: |  |
| Tel number:  |  |
| Email:  |  |
| **Section E: GP details**  |
| If you are not the client’s GP, please provide us with their GP details |
| GP Name: |  |
| GP Practice: |  |
| Address: |  |
| Tel number: |  |
| Contact details |
| Mobility Clinician, North East Drive Mobility, Walkergate Park, Benfield Road, Newcastle upon Tyne, NE6 4QDTel: 0191 2875090Email: northeast.drivemobility@cntw.nhs.uk |