

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Passenger/Access/Stowage**

|  |  |  |
| --- | --- | --- |
| **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 4QD  Tel: 0191 2875090  Email: northeast.drivemobility@cntw.nhs.uk | | |