

**GP referral for an NHS MANUAL wheelchair from Southern Hampshire**

**Wheelchair Service**

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| **Title**  |  | **Ethnic origin** |  | **Gender** |  |
| **Surname** |  | **First name(s)** |  |
| **Date of birth** |  | **NHS No** |  |
| **Address, inc postcode** |  |
| **Telephone numbers** | (1) | (2) |
| **Patient’s e-mail** |  |
| **Next of kin name (NOK)** |  | **Relationship** |  |
| **NOK Tel No** |  | **NOK e-mail** |  |
| **HEIGHT (approx)** |  | **WEIGHT approx)** |  |
| **GP DETAILS** |
| **GP Name+ Address** |  | **GP telephone**  |  |
| **Surgery code** |  | **GP e-mail** |  |
| **CONSENT** |
| **Has your patient consented to this referral?** | Yes □ No □ |
| **If no, who is the advocate for your patient?** |  |
| **RISK / SAFEGUARDING**  |
| **Have you identified any risks for this patient, including safeguarding concerns?** | Yes □ No □ |
| **Is your patient a looked after child?** | Yes □ No □ |
| If yes to either, please give details |
| **DIAGNOSES (including impact on mobility)** |
|  |
| **REASON FOR REFERRAL AND LEVEL OF MOBILITY (distance, aids used)** |
|  |
| **HOW OFTEN WILL THE WHEELCHAIR BE USED? (Essential, please tick):-*****(Please note, if your patient is not in need of a wheelchair at least 4 days a week, they are not eligible for an NHS wheelchair)*** |
| **Daily** | **□** | **4 days a week or more** | **□** | **Less than 4 days a week** | **□**  |
| **REQUEST IS FOR (please tick)** |
| **Self-propelled** **wheelchair** | **□** | **Attendant pushed wheelchair** | □ | **Unknown** | □ |
| If attendant pushed wheelchair, who will be the attendant? |
| **ANY BARRIERS TO COMMUNICATION? eg. registered blind, dysphasia, non-verbal** |
|  |
| **CURRENT PRESSURE ULCERs?** |
| **YES** | **□** | **NO** | **□** | **Unknown** | **□** |
| If yes, please describe location / grade / know treatment etc  |
| ***Attach a GP medical summary detailing the patients past medical problems with this form*** |
| **REFERRER’S DETAILS**  |
| **GP name** |   |
| **Date of referral** |  |

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| **PLEASE RETURN THIS COMPLETED FORM TO:-** |
| **SOUTHERN HAMPSHIRE WHEELCHAIR SERVICE****Unit E1 Omega Enterprise Park; Chandlers Ford Industrial Estate; Eastleigh; SO53 4SE****Telephone: 0333 00 38 071 / Fax: 0333 00 38 073****Email: scwcsu.hantswheelchairservice@nhs.net** |