NRS Healthcare
Putting People First

NHS East Riding of Yorkshire Clinical Commissioning Group

NHS Hull Clinical Commissioning Group

Wheelchair & Specialist Buggy Referral Form

This form should be completed by the patient's Healthcare Professional for wheelchairs or buggy requests.

For re-referrals please contact the wheelchair service by phone or email.

Please complete all sections fully. Incomplete forms will be returned to the referrer.

Client's Personal Details

Title

Surname

Forename(s)

Preferred Name

Home Address

Postcode

Tel No.

Mobile No.

Email Address

Gender Male Female

Date of Birth

NHS Number

Delivery Address

Postcode

Contact

Tel No.

Main Language

Will an interpreter be required? Yes No

Preferred method of communication: Phone Email

Ethnic Origin

Religion

Disability

Relevant Medical Details

Critical Case (eg. terminal illness) Yes No Reason

Essential for hospital discharge? Yes No Date

Is this person already in possession of an NHS wheelchair? Yes No

Is this a looked after child? Yes No

Details of GP

Name

Tel No.

GP Practice Code

Address

Postcode

Details of Prescriber (if different to GP)

Print Name

Tel No.

Profession

Address

Postcode

Would you like to be present at the assessment? Yes No

Signature (if filled in by hand) Date

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Assessment Details: Wheelchair

What is the person's walking ability within the home?

What is the person's transfer method?

How often will the wheelchair be used?

Is the person required to sit in their wheelchair when travelling in a vehicle? Yes No

Is this wheelchair required for Indoor Outdoor Both

Assessment Details: Cushion

Is standard foam cushion adequate? Yes No If yes:

Will the patient be using the wheelchair for more than 4 hours at a time? Yes No

Suggested cushion?

What is the maximum duration the person will sit in the wheelchair in one session?

Can the person maintain sitting balance in the wheelchair? Yes No

Person's tissue status:

Previous pressure ulcer(s): Yes No

Site Category

Present pressure ulcer(s): Yes No

Site Category

Continence status:

Who will maintain and monitor cushion?

Waterlow score

Type Required

Person has limited walking ability, likely to be in excess of six months or is terminally ill.

Self Propelling

Attendant wheelchair

Powered Wheelchair

Buggy Comments:

Measurements

Height Weight

A = Hip width cms ins

B = Back of buttocks to back of knee cms ins

C = Back of knee to sole of foot cms ins

D = Seat to top of head cms ins

Further Assessment by Wheelchair Service Team

Is further assessment required by Hull and East Riding Wheelchair Service? Yes No

Interested in voucher scheme? Yes No

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Additional information

Powered Wheelchairs Only

For powered wheelchairs the medical questionnaire below must be completed.

Please note that we do not provide scooters, powered chairs for outdoor use only nor attendant operated powered wheelchairs.

Medical Questionnaire Section

Please complete the request for medical information, which is needed before an assessment can be arranged for a powered wheelchair for your patient.

Please tick the selected answer.

1. Mobility: In your opinion, is this person unable to walk or self propel a manual wheelchair, or are they medically at risk to do so? Yes No

Comments:?

2. Is this patient affected by the following?:

A. Epilepsy/blackouts Yes No Has the patient had a seizure in the past year? Yes No

B. Any medication or their side effects: Yes No

Comments:?

C. Visual impairments Yes No

Please give details:

D. Mental health problems (relevant to safe wheelchair use) Yes No

Comments:?

E. Challenging Behaviour may affect safe use of a powered wheelchair Yes No

Comments:?

F. Perceptual deficits e.g. neglect Yes No

G. Any other conditions that may affect safe use of a powered chair?

Comments:?

3. In my opinion, this individual is medically fit to control an EPIC (Electrically Powered Indoor wheelchair) Yes No

Signature (if completed by hand)

Print Name Date

Please return to: **Hull and East Riding Wheelchair Services, 11 Reed Street, Hull, HU2 8JJ.**
Email: **hull.wheelchairservice@nhs.net**