

# **SPECIALIST DISABILTY SERVICE**

# **REFERRAL FORM**

# **Environmental Controls and Computer Access**

Oxford Centre for Enablement, Windmill Road, Headington, Oxford, OX3 7HE

T: 01865 227 447 | specialist.disabilityservice@ouh.nhs.uk

|  |
| --- |
| **CLIENT DETAILS** |
| Full name: |  |
| Address: |  | Title: |  |
| Date of birth: |  |
| NHS no: |  |
| Contact for arranging appointment: | Telephone no: |  |
| Mobile no: |  |
| Email: |  |
| Diagnoses: |  |
| 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 if client is in an area supported by Specialist Disability Service |
| **REFERRER DETAILS** |
| Referred by: |  | Job title: |  |
| Address:  |  | Email: |  |
| Mobile: |  |
| Office: |  |
| **OTHER RELEVANT PROFESSIONALS INVOLVED** (as applicable) |
| Name and profession | Contact detail | Involvement |
|  |  |  |
|  |  |  |
|  |  |  |
| Provide access details to property:(e.g. need to use keysafe) |  |

|  |
| --- |
| **REASON FOR REFERRAL** |
| Please select the service required: |
| **Computer / Tablet /****Mobile Phone Access:** | *We assess people’s difficulties with physical access to their devices.**Note that we are unable provide the device itself.**Note that we do not offer support for accessing work/school devices.* | [ ]  |
| **Environmental Control:** | *An Environmental Control System can provide a level of independent control of the home e.g., TV, lights, radio, etc.* | [ ]  |
| Further information here:[Computer access (pdf)](https://www.ouh.nhs.uk/patient-guide/leaflets/files/104589cas.pdf)[Environmental control (pdf)](https://www.ouh.nhs.uk/patient-guide/leaflets/files/104580ecs.pdf) | N.B. Please complete a different referral if you require other SDS services:https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx |
| Is this a priority Referral | YES[ ]  | NO[ ]  | Give details:e.g. fast progressing hand function loss or living alone |  |
| Is the client able to call for assistance? | YES[ ]  | NO[ ]  | Further information |  |
| Can the client use a standard remote control? | YES[ ]  | NO[ ]  | Other info, i.e. What do they find difficult |  |
| Is the client in the property on their own at any point? | YES[ ]  | NO[ ]  | Detail on length of period they are on their own |  |
| Can the client participate in a video call? | YES[ ]  | NO[ ]  | If not, detailed reason: |  |
| Does the client know how to use a computer? | YES[ ]  | NO[ ]  | Other info: |  |
| Detailed reason for referral (what computer access functions / home appliances does the client have difficulty with): |  |
| Ability to communicate and preferred method of communication: |  |
| Other relevant information: |  |
| 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@ouh.nhs.uk (preferred route).