A close up of a logo

AI-generated content may be incorrect.

# **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](mailto:specialist.disabilityservice@ouh.nhs.uk)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |
|  | | | | |  | | | | | | |  | |
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| Provide access details to property:  (e.g. need to use keysafe) | | | | | |  | | | | | | | |

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| **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@](mailto:specialist.disabilityservice@nhs.net)ouh.nhs.uk (preferred route).