

## SPECIALIST DISABILITY 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)

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 <input type="checkbox"/>	No <input type="checkbox"/>	Best interest <input type="checkbox"/>
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:			
<b>Computer / Tablet / Mobile Phone Access:</b>	<i>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.</i>		<input type="checkbox"/>
<b>Environmental Control:</b>	<i>An Environmental Control System can provide a level of independent control of the home e.g., TV, lights, radio, etc.</i>		<input type="checkbox"/>
Further information here: <a href="#">Computer access (pdf)</a> <a href="#">Environmental control (pdf)</a>		N.B. Please complete a different referral if you require other SDS services: <a href="https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx">https://www.ouh.nhs.uk/oce/referrals/specialist-disability-services.aspx</a>	
Is this a priority Referral	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give details: e.g. fast progressing hand function loss or living alone
Is the client able to call for assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Further information
Can the client use a standard remote control?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other info, i.e. What do they find difficult
Is the client in the property on their own at any point?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Detail on length of period they are on their own
Can the client participate in a video call?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, detailed reason:
Does the client know how to use a computer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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](mailto:specialist.disabilityservice@ouh.nhs.uk) (preferred route).