

**Referral to Specialist Equipment Services for Environmental Control System**

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| **Name:** |  | | **Title:** | Mr/Mrs/Miss |
| **Address:** |  | | **DOB:** |  |
| **Postcode:** |  | | **NHS Number:** |  |
| **Tel Home:** |  | | **Ethnic Origin:** |  |
| **Tel Mobile:** |  | | **Email:** |  |
| **Next of kin name and contact details:** | | | | |
| **If child, name and contact details of person with parental responsibility:** | | | | |
| **G.P Name:** |  | **CCG:** | |  |
| **G.P Address** |  | **G.P. Postcode** | |  |

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| **Details of disability** (diagnosis and prognosis): |
| **Upper limb function:** |
| **Normal method of communication:** |
| **Main carer** (Include contact details if different to above): |
| **Care arrangements** (detailing dependency, time alone etc): |
| **Accommodation** (detailing type of dwelling, whether adapted etc): |
| **Objectives of Environmental Control System:**  🞎 Home environment: e.g. control of television, lights  🞎 Security e.g. door entry, calling for assistance  🞎 Communication e.g. telephone  Please give further details:  🞎 Access to computer functions  If yes, please give details of what functions are required, current use of a computer etc |
| **Is the client aware of this referral, and have they given their consent to it being made?** |
| **Other professionals involved** e.g. Occupational Therapist, Speech and Language Therapist (give contact details if available): |
| **Relevant access information** e.g. availability of parking, key safe |
| **Any other information:** |

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| **Referred by** |  | **Designation** |  |
| **Address** |  | **Telephone**  **Working days** |  |
| **Email** |  | **Date** |  |

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| **Please return to:**  **Specialist Equipment Services**  **Disablement Services Centre**  **Medway Maritime Hospital**  **Windmill Road**  **Gillingham, Kent**  **ME7 5PA** | **Tel: 01634 833923**  **Fax: 01634 817923** |
| **Email:** [**KMPT.specialistequipmentservices@nhs.net**](mailto:KMPT.specialistequipmentservices@nhs.net)  **Website:** [**www.kmpt.nhs.uk/ecs**](http://www.kmpt.nhs.uk/ecs) | |

**Please ensure ALL sections are completed, otherwise this referral will be returned to you to complete. Please ensure your referral meets the criteria for provision – view website for details. Thank you.**