

GREENWICH WHEELCHAIR SERVICE

SELF-REFERRAL FORM

Please complete all sections clearly.

1. Client Details

Title

Full Name

Date of Birth

NHS Number

Gender

Height

Weight

Ethnicity

Nationality

First Language

Home Address

Postcode

Delivery Address

Telephone Number

Mobile Number

2. GP & Support Details

GP Name

GP Address

GP Telephone

Carer / Day Centre / Workplace

Associated Address

Associated Telephone

School / Nursery



3. Medical Information

- Do you currently have a wheelchair? Yes No
- Cardiac Pacemaker Yes No
- Oxygen User Yes No
- Epilepsy Yes No
- Visual Problems Yes No
- Incontinence Yes No
- Recent or Planned Surgery Yes No
- Pressure Ulcers (Past or Present) Yes No

Diagnosis / Nature of Disability

4. Wheelchair Self-Assessment

Where will the wheelchair be used?

How will the wheelchair be used?

Are you able to walk indoors?

Can you maintain sitting balance?

Has the property been assessed?

Do you suffer from skin conditions?

Continence Status

Carer medical conditions

Additional Relevant Information

Please submit form alongside your GP encounter report and any relevant consultant or medical letters. By signing this form you consent to Inspire Community Trust contacting health and social care partners for any additional information.

Return completed forms to:
Email: greenwich.wheelchairservice@nhs.net

**Greenwich Wheelchair Service at Inspire Community Trust
130–136 Maidstone Road, Sidcup, Kent, DA15 5HS**

Telephone: 01322 520560 (Option 3)