Swindon Wheelchair and Special Seating Service
Unit 12 – Birch
Kembrey Park
Swindon
SN2 8UU

Tel: 01793 465989
Email: gwh.swindonwheelchairservice@nhs.net

**Wheelchair service re-referral form – Confidential**

* This form should be used when an existing client requires a re-referral to the service
* Sections marked with ‘**\***’ must be completed in full
* Information, and criteria for issue can be found on our [website](https://www,gwh.nhs.uk/wards-and-services/a-to-z/wheelchair-specialist-seating-service/).

Note: Incomplete, unsigned and/or undated forms will be returned.

1. **Client details\***

|  |  |
| --- | --- |
| NHS Number: | Title: |
| Address and postcode: | Forenames: |
| Surname: |
| Date of birth: |
| Telephone (home): |
| Email address: | Telephone (mobile): |

Has the client consented to this referral? Yes [ ]  No [ ]

1. **Referrer details\***

|  |  |
| --- | --- |
| Name: | Profession: |
| Address and postcode: | Telephone (office): |
| Telephone (mobile): |
| Email address: |

Working days:

Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ]

1. **Reason for referral\***

|  |
| --- |
|  |

1. **Other information**

|  |
| --- |
|  |

I, the referrer, confirm that the information supplied within this form is correct to the best of my knowledge and that the client agrees with the content of this form.

|  |  |
| --- | --- |
| Signature: | Date: |