SPECIALIST MOBILITY REHABILITATION CENTRE

Wheelchair or Special Seating Provision/Assessment Referral

TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY

Criteria for Supply - **Permanent impaired walking ability due to long term disability or illness**

Important - **Please complete as much information as possible to assist with the issue of appropriate equipment**

Referral should be made by post to – SMRC or by e mail (using the send secure option) to Wheelchairs.SMRC@LTHTR.nhs.uk

Specialist Mobility Rehabilitation Centre (SMRC)
Watling Street Road, Fulwood, Preston, PR2 8DY
Tel: (01772) 523828

Title:	DOB: Gender:
First Name:	NHS No:
Patient Surname:	
Previous Surname:	Temporary Resident:
Patient Address:	Overseas Visitor: ☐ Yes ☐ No
	Language Spoken:
	Interpreter Required: ☐ Yes ☐ No
Tel (Home):	Special Requirements/Delivery Address:
Tel (Work):	
Mobile:	
Email:	

Registered GP:

Name: Tel:

Address:

Post Code:

Email:

DIAGNOSIS/PROGNOSIS:

***Note: For urgent option only – please indicate whether:**

☐ Terminally ill ☐ Hospital discharge (bed blocking) ☐ Safety related ☐ War Veterans

1. Additional Patient Information:

Height: Mts Ft/ins Weight: Kg St/lbs

Carers Name: Address: (If not home address above) Tel No:	School/ATC/Rehab unit//Hospital: Address: Tel:
2. Healthcare contacts: Consultant Name: Address: Tel No:	 Therapist Name: Address: Tel No:

3. Wheelchair/Equipment Requested: (please tick all appropriate boxes & complete support plan form)

☐ Non-powered wheelchair to be pushed by carer **PWB Notional (NHS wheelchair) budget option**

☐ Non-powered wheelchair occupant propelled/pushed by carer **PWB Notional(NHS wheelchair)budget option**

☐ **PWB Third Party option (Voucher)** ☐ Push Model or ☐ Self Propel

☐ Buggy **(PWB Notional (NHS wheelchair) budget option)**

☐ Powered wheelchair (If powered option is ticked, please complete section 5)
***POWERED OUTDOOR ONLY WHEELCHAIRS ARE NOT AVAILABLE.**

☐ Special cushioning supports or adaptations

Basic Cushions & Accessories: (please tick as appropriate)

NB. All wheelchairs will be delivered complete with a waistbelt and a User Handbook. *Requests for cushions other than a standard PVC type, may result in assessment which will delay receipt of equipment.

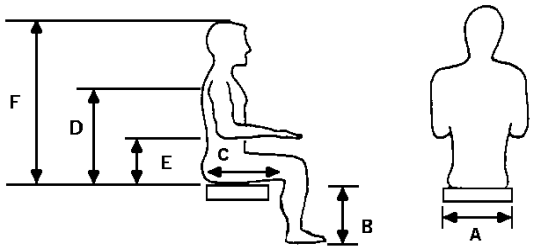
- Wheelchair foam cushion ☐ 50mm (2") ☐ 75mm (3")
- Elevating leg rest ☐ Right ☐ Left
- Stump support ☐ Right ☐ Left

☐ Please state stump length:

Model & Accessories (if known)

4. Physical Measurements:

A	Hip width	
B	Rear surface of knee to floor	
C	Rear of buttocks to rear surface of knee	
D	Mid scapula height	
E	Elbow to seat height with shoulders comfortable	
F	Top of head to seat height	



5. Considerations/Restrictions:

Mobility: Is the patient capable of walking independently? ☐ YES ☐ NO

Is the patient capable of propelling a manual wheelchair? ☐ YES ☐ NO

Does the patient require assistance for all transfers i.e. hoisting? ☐ YES ☐ NO

Does the patient have a pacemaker? ☐ YES ☐ NO

Does the patient suffer from epilepsy? ☐ YES ☐ NO

How long ago did the patient last suffer a convulsion?

_____

Does the patient have any visual impairment that would pose a danger when controlling/driving a powered chair indoors or outside? ☐ YES ☐ NO

Is the patient taking any medication that would pose a danger when controlling a powered chair indoors or outside? ☐ YES ☐ NO

Home Environment (please tick appropriate boxes)

Is there ramped access in situ to outdoors? (If adaptations are in process/imminent – please give expected/estimated completion date) ☐ YES ☐ NO

_____

Is there suitable storage/charging point available for the chair? ☐ YES ☐ NO

Are the doorways wider than standard? (Standard = 28"/71cm) ☐ YES ☐ NO

Is a stairlift/through floor lift installed? ☐ YES ☐ NO

Any other considerations? ☐ YES ☐ NO

6. Therapist/Referrer Details

Name: E-mail:

Designation:

Signature: Date:

Contact Number:

Personal Wheelchair Budget Wheelchair Assessment Patient support plan

During your assessment think about what you want a wheelchair to do for you, and complete this support plan as part of your assessment discussion.

Support plan completed by:

Patient		Carer/relative		Healthcare professional	

My name is……and my mobility, health and well-being needs for using a wheelchair are:

I would like to be independent around my home and in my garden	
I would like to be part of my local community activities and events	
My other specific health and wellbeing needs are…… ……. ……. ……..... ……..... …….	

Personal Wheelchair Budget Choice: (tick)			
Notional budget – **NHS provision**	*Notional budget – **Alternative wheelchair in NHS range** (State alternative being considered)	Notional budget '**Top up' for accessories**. (List items required)	***Third Party budget** (Previously Voucher scheme)

*If you choose an alternative NHS wheelchair or a 'third party PWB' the actual budget will need to be calculated. Further information about these options will be provided by the SMRC

Personal Wheelchair Budget decision completed by:

Client signature	
Signature of representative for client	
Printed name	
Relationship to client	
Wheelchair Service clinician name	Occupational Therapist/ Physiotherapist/ Engineer

PERSONAL WHEELCHAIR BUDGET (PWB) INFORMATION SHEET

A PWB is a scheme offered to provide a wider choice for those needing to use a wheelchair.

At your assessment you will discuss your health and well-being needs and the outcomes that you want to achieve with your wheelchair with a clinician. This will be recorded on your support plan.

If you are eligible for NHS provision you will be prescribed an NHS wheelchair; the cost of provision to the NHS is your notional personal wheelchair budget. There will then be a choice of how to use your PWB.

PERSONAL WHEELCHAIR BUDGET OPTIONS AT A GLANCE

	Description	Contribution from you	Repair and maintenance
Notional Budget	NHS wheelchair	None	Free of charge via the approved repair service
Notional Budget + top up (payment by patient) **Alternative Wheelchair**	Upgrade to an alternative model within the NHS range	The difference between NHS provision and the model you choose	Free of charge via the approved repair service
Notional Budget + top up (payment by patient) **Additional features**	Add on features to your NHS wheelchair	Cost of the feature that you choose	You will need to pay for maintaining the additional features and their replacement
Third Party Personal Wheelchair Budget	You can use your PWB towards a wheelchair purchased via an NHS authorised supplier. It needs to be in the same category as the one you would be entitled to from the NHS	The difference between the PWB value and the wheelchair you choose via the Authorised Supplier	A contribution will be included in the final budget calculation; You will be the owner of the wheelchair and will be responsible for any repairs

ELIGIBILITY

At your assessment you will be advised which budgets you are eligible for. With a rapidly changing medical condition it may be more appropriate to stay with the notional PWB options in order for the NHS to support your needs as they change.

NOTIONAL PWB: TOP UP FOR ALTERNATIVE WHEELCHAIR

You can choose to upgrade your wheelchair within the Wheelchair Service range. The NHS will contribute an amount which is the same value as your prescribed wheelchair. The difference in cost (including VAT at 20%) is needed before ordering. **The wheelchair remains the property of the NHS who will provide free repairs and maintenance.**

NOTIONAL PWB: TOP UP FOR ADDITIONAL FEATURES

You can choose and pay to have additional features added to the wheelchair prescribed by the Wheelchair Service. Payment (including VAT at 20%) is needed before ordering. **The wheelchair remains the property of the NHS who will provide free repairs and maintenance but you will be responsible for the repair and replacement of the additional features via the approved repair service.**

THIRD PARTY PWB

- You will be advised of the value of your allocated budget (the value as per your prescribed NHS wheelchair) together with a one off payment to cover repair and maintenance costs that you will be responsible for arranging.
- The wheelchair you choose will have to meet your mobility and postural needs and be in the same category as the chair prescribed, e.g. manual or powered.
- You will need to choose a wheelchair from an NHS authorised supplier who accepts the PWB scheme.
- The Wheelchair Service needs to approve your choice before purchase. A PWB cannot be issued retrospectively i.e. you cannot buy a wheelchair and then ask for a PWB.
- The purchase of reconditioned or second hand wheelchairs is prohibited under the scheme.
- If pressure relieving cushions, postural/special seating is provided by the NHS, your chosen wheelchair must be compatible with the accessories provided.
- Users are only eligible for one PWB at any one time.

LONGEVITY OF EQUIPMENT

A typical adult wheelchair is expected to last a minimum of 5 years. For children, changes are needed more often as they grow, usually at approx. 2-3 years. This may also be the case with some patients whose clinical needs change rapidly.
At the end of the PWB period, a new PWB will only be issued if the existing wheelchair does not meet the current clinical needs of the user according to the criteria for re-assessment. If the wheelchair originally purchased is still suitable and serviceable, the new PWB may be offered on the maintenance value only.

CONTACT DETAILS: Specialist Mobility Rehabilitation Centre, Preston Business Centre, Watling Street Road, Fulwood, Preston. PR2 8DY Tel: 01772 716921

Opening times: *Monday to Friday 8:30am to 4:30pm excluding bank holidays*