

Specialist Orthotics – Referral Form

COVID STATUS

COVID Positive: Yes No Unknown

Date of result:

Date of onset:

Symptoms:

The **West Midlands Rehabilitation Centre** provides specialist complex rehabilitation assessment and interventions for people with neuro-rehabilitation.

The access criteria for the Specialist Orthotics service is:

- Residents of West Midlands
- Long term neurological condition
- Complex foot problems related to diabetes
- Partial foot amputations
- Failed local orthotic provision

For more information regarding our clinic look under Rehabilitation Services on the Birmingham Community Healthcare website (www.bhamcommunity.nhs.uk).

Please fill in all boxes as incomplete forms will be returned, and attach any other relevant information e.g. clinic letters, progress reports etc. We do not currently send receipt of referrals.

Date of Referral:

Patient Details

Title:

Name

Address:

Post Code:

Telephone:

NHS No.:

D.o.B:

Preferred Language:

Interpreter required: Yes No

Ethnic Origin*:

*please complete box overleaf or use codes overleaf.

Referrer's Details

Profession/
relationship to patient:

Name:

Address:

Postcode:

Telephone:

Patient's GP details:

Name:

Address:

Postcode:

Telephone:

GP code:

Diagnosis ((including all relevant medical history and treatment):

Service provided by

Blatchford

Medication:

Previous/Current orthoses:

Reason for Referral (including functional problems, limitations, pain issues and goals for assessment and management by Specialist Orthotics service):

Other relevant information e.g. names of current services involved, referrals etc:

Does this patient require support from family/carers to attend appointments? Yes No

Referrers Input to client: Discharged On hold On going

Date of next review:

***Ethnic Origin:** Please select the most appropriate group

- | | | |
|-------------------------------------|--|---|
| (A) White British | (G) Mixed any Other | (N) Black or Black British African |
| (B) White Irish | (H) Indian or British Indian | (P) Black or Black British any other Black Background |
| (C) White Other | (J) Pakistani or British Pakistani | (R) Chinese |
| (D) Mixed White and Black Caribbean | (K) Bangladeshi or British Bangladeshi | (S) Any other Ethic Group |
| (E) Mixed White and Black African | (L) Asian British/Any Other Asian Background | |
| (F) Mixed White and Asian | (M) Black or Black British Caribbean | |

DATA PROTECTION ACT 1998

Personal data supplied on this form may be held on and or verified by reference to information already held on computer. The Caldicott Report concludes that all items of information that relates to an individual should be treated as potentially capable of identifying a patient to a greater or lesser extent and appropriately protected to safeguard confidentiality.

Please send completed referral forms to Medical Records Department, West Midlands Rehabilitation Centre, 91 Oak Tree Lane, Selly Oak, B29 6JA. Safehaven Fax: 0121 471 3690. Email: bchnt.soar@nhs.net

Please email your completed form to:
bchnt.soar@nhs.net

Date:

Clinic Allocation:

Clinician:

Additional Request:

Signature:

Name: