

**Assistive Technology Service – Referral Form**

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🖃Suites 1 & 2, Warmley Business Park, 83 Tower Road North, Warmley, Bristol, BS30 8XP

**Please complete Sections 1 and 2 of the form and send to the Assistive Technology Team.**

**Section 1: Referrer’s Details** (Please complete this section)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Referral Date:** |  |
| **Contact Number:** |  | **Relationship to Client:** |  |
| **Section 2: Client’s Details** (Please complete this section) |
| **Patient Name:** |  | **Installation contact (if not the Patient):** | Name: |  |
| Relationship to Patient: |  |
| **Date Of Birth:** |  | Contact Number: |  |
| **Address:** |  | **Any safeguarding concerns? If so, please detail**  |  |
| **Does the patient have capacity? If not, please confirm that BID has been recorded**  |  |
| **Postcode:** |  | **Charges discussed?** |  |
| **Landline Number:**  |  | **Has the patient consented to the referral?**  |  |
| **Mobile Number:** |  | **Has the patient recently been discharged from hospital?**  |  |
| **GP Surgery:** |  | **Does the patient have 2 Emergency Contacts (who can hold keys)?**  |  |
| **Any special communication Needs?** |  | **Is there a key safe at the property?**  |  |
| **Need for Assistive Technology:** *(i.e., memory issues, falls, mobility. Please give as much detail as possible)* |  |
| **Required Kit (Only tick if known please):**  |
| Digital Alarm and Pendant (wrist or neck worn)  |  | PIR Motion Sensor and Pager |  | Big Button/Amplified Phone |  |
| Memory Clock |  | Epilepsy Sensor |  |
| Door Sensor (linked to alarm and pendant system) |  | Personal Tracker (GPS) |  | Other  |  |
| Fall Detector |  | Call Button and Pager |  | Bed/Chair Sensor and Pager |  |
| Pill Dispenser |  | Fall Detector and Pager |  | Door Sensor and Pager  |  |
| If other, please detail:  |
| **Section 3: Installation** **(to be completed by installer)** |
| Kit allocated: |  | Serial number (of allocated kit): |  |
| Location of unit:  |  | Range test completed? |  |
| Leads/wires left in safe/tidy condition:  |  | Locations of range test (please list): |  |
| Test call to C/C completed? |  |
| Telephone checked (if applicable):  |  | Any fire safe concerns?  |  |
| Service user agreement explained:  |  |
| All relevant paperwork completed? |  | Any safeguarding or other concerns?  |  |
| Asset Track number (if applicable): |  |
| **Section 4: Referral Not Actioned** |
| Rejected By: |  | Date: |  |
| Reason: |  |

**Section 5: Finance**

|  |  |  |  |
| --- | --- | --- | --- |
| Setup Fee: | £ | Monthly Hire Charge: | £ |
| One Off Purchase Cost: | £ | Extras (Please Specify): | £ |
| **Contact Details for Invoice (If not the Client):**  |
| **Installers Notes:** |