

**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:** | | | |