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| --- | --- |
| **Wheelchair Request** | |
| The Integrated Community Equipment Service (ICES)  Units 15-16 Bishopsgate Business Park, Widdrington Road, Coventry, CV1 4NA | |
| Tel: 024 76 78 5353 | Fax: 0203 364 8447 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service User Details** | | | | | | | | |
| **Name:** | |  | | | | | | |
| **Address:** | |  | | | | | | |
|  | | **Postcode:** | | | |  |
| **Date of Birth:** | |  | | **Ethnic Origin:** | | | |  |
| **Telephone No:** | |  | | **Medical Condition:** | | | |  |
| NOK | | | | | | | | |
| **Hospital Discharge –**  **If yes – Date of discharge** | | | | | | | | |
| **WHEELCHAIR REQUIRED**  **(Include supplier details as appropriate)** | | | | | | | | |
| **Wheelchair needed for :** Indoor/Outdoor/Both  **Type of wheelchair required:**  **Length of loan:**  **Weight of Service User** | | | | | | | | |
| **Manager’s Authorisation (only required for special orders)** | | | | | | | | | |
| **Special order requests will NOT be accepted without a manager's authorisation.**  Managers, please sign to confirm you are satisfied with the referrer’s clinical reasoning that the item is for a critical or substantial need, and that every effort has been made to seek a standard item as a solution. | | | | | | | | | |
|  | | |  | | |  | | | |
| **Please Print Name** | | | **Signature** | | | **Designation** | | | |
|  | | |  | | | | | | |
| **Referrer details** | | | | | | | | | |
| **Print Name:** |  | | | | **Date:** | |  | | |
| **Signature:** |  | | | | **Work base:** | |  | | |
| **Job Title:** |  | | | | **Tel. No:** | |  | | |
| **Email:** |  | | | | **Mobile:** | |  | | |