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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:**  |  |