WHEELCHAIR & SEATING SERVICE
TAYSIDE Orthopaedic and Rehabilitation Technology Centre (TORT Centre)

Tel: 01382 496299 Email: tay.atservice@nhs.scot

Missing information may lead to the return of this form for completion

Centre Ref	

PATIENT BACKGROUND DETAILS			
Surname		Title	Male ☒ Female ☐
Forenames		Date of Birth	
		CHI No	
Home address		Lives alone	Yes / No
		Telephone No	
Post code			
Delivery address (If different to above)		Contact Tel No	
General Practitioner			
Address		Telephone No	
Other Contact (carer/therapist/nurse)			
Address		Telephone No	

MEDICAL BACKGROUND		
Diagnoses	Primary	
	Others	
	Comment	
Walking ability	Limited outdoors / House-bound / Room-bound / None	
Comment		
Manual wheelchair Propulsion Ability (actual or expected)	Limited outdoors / House-bound / Room-bound / None	
Comment		
Sitting ability	Able to adopt and maintain sitting posture	Yes / No
Comment		
Pressures sores	Susceptibility	None / Low / Moderate / High
	Existing sores	Yes / No
Is patient already a wheelchair user	Yes / No	
Is referral urgent	Yes / No	**If yes why?**
Date of discharge from hospital (if appropriate)		
Discharge Destination (If Not Home)		
Will this wheelchair be for short-term loan (less than 6 months?)	Yes / No	
Reason for short-term loan		
Estimated length of loan		
PATIENT'S PHYSICAL DATA		

Height (cm)		Weight (Kg)	
Other Information			

INTENDED USE OF WHEELCHAIR			
Frequency of use.	Once a week or less / several times a week / every day		
Sitting period each use	0 to 1/1 to 3 / 3 to 6 (Hrs)	**If over 6 – Why**	
Person controlling wheelchair	Attendant / Occupant	**Intended Use**	Indoor / Outdoor / Both

WHEELCHAIR REQUEST			
Attendant propelled wheelchairs are normally issued without user being seen by clinical staff			
Only standard manual wheelchairs will be issued on Short Term Loan			
Standard attendant propelled (transit) wheelchairs are not issued to residents of Care Homes			
I request that the patient is issued with the following type of wheelchair: (please tick box)			
Attendant propelled (manual)	☐		
Who will push the chair			
Are they physically fit to push the chair	Yes / No		
Need to be assessed by TORT staff	Yes / No		
If yes, why			
The following wheelchair types are likely to involve assessment by clinical staff, usually at a clinic			
Manual: Occupant propelled	☐		
Children's pushchair / buggy	☐		
Powered: Occupant controlled	☐	Note: Eligibility criteria apply	
Powered: Attendant controlled	☐	See: Wheelchair Criteria	

Additional Postural Support	
Wheelchairs are normally supplied with a waistbelt and standard cushion. Are additional items or accessories required	
List	

Referred by: This form must be signed by a medical practitioner or state registered therapist/nurse			
Name		Profession	
Address		Telephone Number	
Signature		Email	
		Date	

Please check all sections are complete and return to: tay.atservice@nhs.scot or post to Wheelchair and Seating Service, TORT Centre, Ninewells Hospital, Dundee, DD1 9SY Tel: 01382 496300 or 01382 496299