**PROFESSIONAL APPLICATION FORM**

**ON BEHALF OF CLIENTS**

**QEF Mobility Service
1 Metcalfe Avenue, Carshalton
Surrey, SM5 4AW**

**Tel:020 8770 1151**

**Email:** **hubsmobility@qef.org.uk**

[**www.hubsmobilityadvice.com**](http://www.hubsmobilityadvice.com)

|  |  |  |
| --- | --- | --- |
| **Name & Organisation of person making referral**:  | **Client given consent?**Y N | **Contact Details:** |

**Personal information** **of client seeking advice**

|  |  |  |
| --- | --- | --- |
| **Title:**  | **Surname:** | **Forename:** |
| **Name to call client by:** | **Date of birth:** | **Email:** |
| **Address:**  **County:** **Postcode:**  | **Telephone no:** |

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| --- |
| **Any additional support requirements (if they are wanting us to contact someone else on their behalf, please insert contact details here)** **Do they use a mobility aid? Please detail here** |
|  |

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| **Reason for referral to the Hub? Please tick applicable boxes** |
|  |  |  |  |
| **To find out more about public transport options?** |  | **Because you were recommended to do so, or referred by a Doctor, Healthcare Professional or Social Prescriber?** |  |
| **To discuss ideas as to how you might get around?** |  | **To increase your confidence?** |  |
| **To learn about schemes such as community transport** |  | **To take professional advice about your disability/health condition?** |  |
| **To find out what your legal rights are**  |  | **Because you were worried about your health?** |  |
| **Other (please state)** |
| **Do they have any of the following health problems/ conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NONE |  |  | Autism |  |
| Acquired brain injury |  |  | Arthritis |  |
| Amputation |  |  | Back Problem |  |
| Anxiety |  |  | Cerebral Palsy |  |
| Congenital musculoskeletal conditions |  |  | Congenital learning disabilities |  |
| Dementia |  |  | Heart and lung conditions |  |
| Long Covid  |  |  |  |  |
| Mild Cognitive Impairment |  |  | Mental health |  |
| Motor neurone disease |  |  | Multiple sclerosis |  |
| Muscular dystrophy |  |  | Other neurological conditions |  |
| Parkinson's disease |  |  | Peripheral neuropathy |  |
| Poliomyelitis |  |  | Spinal cord injuries |  |
| Static visual field defect |  |  | Stroke |  |

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|  |  |  |  |  |
| **Other (please state)** |

**Do you use public transport currently?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Train?** |  | **Bus?** |  | **Taxi?** |  | **Other?** |  |
|  |  |  |  |  |  |  |  |
| **Other (please state)** |

 **Please return by email to: hubsmobility@qef.org.uk**