**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**](mailto: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:** |

|  |
| --- |
| **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** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | | | | | | | | |
|  |  | |  | |  |  | | |
| **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**