NHS Greater Glasgow and Clyde

Guidance Notes for the Completion of the WestMARC Wheelchair, Buggy and Seating Reporting Form

This document has been designed to assist you in completing the WestMARC Wheelchair, Buggy and Seating Reporting Form. The aim of this document is to help referrers to give WestMARC the most accurate and relevant information about their client. This will help us to provide your client with the most appropriate intervention. This form is intended for all **existing** clients (please see the Manual, Power or Paediatric referral form for new clients). This form can be completed by a Health Care Professional or Social Worker registered with one of the following bodies; Nursing and Midwifery Council, Health and Care Professions Council, General Medical Council or Scottish Social Work Council.

This referral should be completed with an understanding of the NHS Scotland Wheelchair Eligibility Criteria - http://www.retis.scot.nhs.uk/wheelchaircriteria

The information you provide in the form will be used to determine the most appropriate pathway for your client; therefore, it is in your client's best interests for you to complete all sections of the referral form as fully as possible and ensure that all information provided is accurate.

The Reporting Form must be completed in full. Failure to do so will result in it being delayed, or rejected. Please write information in full and do not use abbreviations.

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Is this an urgent referral **Yes** ☐ **No** ☐

PRIORITY: Please select yes or no to determine the urgency of this referral. Please explain the reason for urgency in the box provided in section 4.

As stated on the form we reserve the right to reassess urgency. Urgency is assigned to clients with a rapidly degenerative and changing condition and clients with a palliative condition.

Urgency will also be assessed if the on-loan equipment is requiring urgent repair or due to a clinical concern. This may be affecting safe usage of the chair or immediately impacting posture or pressure.

Section 1: Client Details & Section 2: Alternative Contact Details

Please provide all requested demographic details and include up-to-date telephone number(s). Please include an up-to-date height and weight for the client as a standard wheelchair may be prescribed and issued directly based on these dimensions. If using imperial measurements, please use standard notation e.g. 5′ 8″ (for five feet and eight inches) and 8st 3 lbs (for eight stone and three pounds).

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Section 1: Client Details

Title:	Miss	CHI number:	1234567890
Forename(s):	Anna	Surname:	Smith
Date of birth:	12/03/18	Sex:	Female
Tel (home):	012345678910	Tel (mobile):	0123456789
Email:	contact@mail.com		
Height:	115 cm ● feet/inches ☐	Weight:	20 kg ● stone/pounds ☐

Home address & postcode:	123 Client Address, Glasgow
	Postcode: G12 345
Delivery address, postcode and telephone:	123 Client Address, Glasgow
	Tel (delivery) 0123456789 Postcode: G12 345
Communication requirements: e.g. Interpreter, communication via carer, prefers email contact.	Interpreter

Section 2: Alternative Contact Details (e.g. care worker, family member*)

Not applicable - contact client directly using details above ☐

Name:	Jane Smith	Relationship to client:	Mother
Telephone:	0345 12345	Email:	contact@mail.com

*** Please refer to Section 4 to confirm client consent**

Section 3: Clinical Information:

Please include as much information as possible about client's all known conditions including primary condition and previous medical history. Please do not use abbreviations.

Section 4: Consent, Equipment, Reason

CONSENT: Please state if your client has given consent to the referral being made and any subsequent intervention. If this is regarding a child under 16 please confirm the parent or guardian has given consent to this referral. If your client does not have capacity to consent please check and confirm with whoever has legal rights, such as guardianship or power of attorney, to consent on the client's behalf. This could be a spouse, family member or Social Worker.

EQUIPMENT: Please choose from the drop-down box what equipment this reporting form is regarding. Please detail further in the box provided below Reason for referral section.

REASON FOR REFERRAL: Please indicate from the drop down box if the referral is for a clinical review or for a repair to current equipment. If possible, a picture (ensuring client cannot be identifiable) could be added into the email to allow staff to determine the best action going forward. Please select other if you do not feel this referral fits into either of the categories. Please give as much detail in the box as possible.

Possible repairs may include brakes, lap belts, loose/missing part, damage to cushions/covers

Clinical changes could include growth, weight gain/loss, change in posture, muscle tone, range of movement restrictions, skin marking, pressure issues, cognitive changes, functional ability.

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Section 4: Consent, Equipment, Reason

Has your client / parent or guardian / legal representative given consent to this referral?

Yes ☒ No ☐

Please select what equipment this reporting form is regarding:

Buggy

Reason for referral

Clinical

Please provide all relevant information for this referral below:

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Section 5: Referrer Details

This form must be completed by a Healthcare Professional or Social Worker registered with one of the following bodies:

- Health and Care Professions Council
- General Medical Council
- Nursing and Midwifery Council
- Scottish Social Work Council

Section 5: Referrer Details

This section must be completed in full, or your referral will be rejected.

● By checking this box I confirm that I have read and understood the eligibly criteria and associated information on the website

Referrer name:	John Smith	Position:	Physiotherapist
Telephone:	013245678912	Mobile:	07987654321
Professional registration number:	PT123456		
Email:	John.Smith@nhs.scot		
Work address and postcode:	Royal Hospital for Children, Queen Elizabeth University Hospital, 1345 Govan Road, Glasgow, G51 4TF		
Preferred method of contact and working hours.	Email		

Please save this form in PDF format and email a copy to: ✉ ggc.westmarc@nhs.scot