

## MDSC Referral Form:

*Please use this form to refer patient with MD/ NMC's to Muscular Dystrophy Support Centre*

**Details of Referrer:** (Name of therapist/ Designation/ Trust name)

### **Patient Details:**

<b>Name of Patient</b>	
<b>Diagnosis</b>	
<b>NHS number</b>	
<b>Patient Date of Birth</b>	
<b>Patient Address</b> (Please make them aware we will be sending initial details by posts)	Postcode-
<b>Mobile number</b>	
<b>Landline number</b>	
<b>Work/ other numbers</b>	
<b>Patient/ Family member's Email Address</b>	
<b>Name of Consultant the patient is under</b>	
<b>Preferred Method of communication</b> (We tend to send all our communication initially via post as default, so if they choose alternative communication, please inform us)	Posts/ Emails/ Telephone (Please take their consent)
<b>Name of their GP</b>	
<b>GP Surgery Address</b>	
<b>GP contact number</b>	



## MDSC Referral Form:

*Please use this form to refer patient with MD/ NMC's to Muscular Dystrophy Support Centre*

Please note:

1. We do not accept referral for young adults below age of 18 years. We could help with the transition process, but we cannot see them before they turn 18 years of age. You can refer them to us 6 months before they turn 18. We will keep them on our waiting list.
2. We do not accept referral without a confirmed diagnosis of muscular dystrophy or Neuromuscular condition. We can accept anyone with a query of their diagnosis, but after investigations if they do not have MD/ other NMC then we would decline seeing them further. This is to align ourselves with our vision of seeing patients with MD/ Other NMC's

**Please answer the below Questions as appropriate:**

Is the Patient aware of this referral being made? Have they provided consent?	Yes/ No
What is the reason for the referral? (Please mention Patient or Therapist Aims for the referral)	
Has the Patient's GP been made aware of this referral?	Yes/ No
If the GP has not been made aware, can you please write to the GP regarding this referral?	Yes/ No
<p>Please mention the ideal location for the patient to attend their therapy sessions-</p> <p>Coventry- Main Hub (Hereward college campus)</p> <p>Birmingham (Acorns Hospice)</p> <p>Leicester (LOROS hospice)</p> <p>Tipton (Murray Hall community trust)</p> <p>Droitwich Spa (Only osteopathy available)</p> <p><i>Please note that Patient will be expected to travel to our main hub in Coventry for their Initial Assessment and Yearly reviews. From then on they can go to their preferred location.</i></p>	
Is the Patient willing to travel to Coventry for their Assessment and Reviews?	Yes/No
Patients Mobility status- ambulatory/ non-ambulatory (What aids do they use?)	

You can get in touch with us before sending referrals by contacting our Clinical Services Manager on ([taher.dhuliawala@mdsupportcentre.org](mailto:taher.dhuliawala@mdsupportcentre.org)) or calling our reception on 024 7610 0770. Please attach any clinic letters with this form or you can post us on address below.



## MDSC Referral Form:

*Please use this form to refer patient with MD/ NMC's to Muscular Dystrophy Support Centre*