Custom Design Service (CDS) Referral Form
NHS Lothian and NHS Borders

# Description

The Custom Design Service (CDS) provides custom designed or modified equipment where standard or commercially available equipment is not available. Our objective is to assist people in meeting their rehabilitation aims, and hence we can provide equipment for use in the home, workplace or to facilitate established leisure interests.

# Further Information

Information about the service and referral forms can be obtained by contacting the SMART Centre.

SMART Centre General Enquiries: 0131 537 9497

Website: <https://www.smart.scot.nhs.uk/custom-design-service>

# Referrals

Referrals to the service should be submitted by the patient’s GP, consultant or Allied Health Professional (AHP) by sending the completed referral form to:

Post: Referrals, SMART Centre, Astley Ainslie Hospital, Edinburgh, EH9 2HL

Email: LOTH.SmartReferrals@nhs.scot

Upon receipt, the referral form will be processed and an assessment visit arranged if referral deemed appropriate.

Please note the Eligibility Criteria appended before completing the Referral Form.

# Referral Form Completion

Please ensure that all relevant sections for this from are completed accurately using BLOCK CAPITALS unless typed. Incomplete and unsigned forms may not be accepted and could delay provision.

|  |
| --- |
| Patient  |
| Title: Mr / Miss / Mrs / Ms / Dr  | Home address: |
| Surname: |  |
| Forename(s): |  |
| Date of birth: | Postcode:  |
| Health board: | Tel.: |
| CHI number if known: | Email: |
| General Practitioner (name & address): |
| Alternative addresses (e.g. school, day centre, hospital etc):  |
| Address: | Address: |
|  |  |
|  |  |
|  Postcode: | Postcode: |
| Tel: | Tel:  |
| Email: | Email: |
| Outline of weekly attendance times of alternative addresses  |

|  |
| --- |
| Referrer |
| Name: | Address: |
| Profession: |  |
| Your ref.: |  |
| Signature: |  Postcode: |
| Date: | Tel.: |
|  | Email: |

|  |
| --- |
| Availability & contact  |
| Name: | Address: |
| Profession (if relevant) or Relationship (if any): |  |
|  |  |
| Availability: | Postcode: |
|  | Tel.: |
|  | Email: |

|  |
| --- |
| Brief description of problem to be solved  |
|  |

# Referrer’s Signature

The form should be signed by the patient’s GP, consultant or Allied Health Professional (AHP).

Signed (Referrer):

(not required if referral emailed from referrers email address)

Date:

Name:

Please post to: Referrals, SMART Centre, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh EH9 2HL.

Or email to: Smart.Referrals@nhslothian.scot.nhs.uk.

If you or the patient have not heard from us within one month, please contact the service.

Tel. 0131 537 9497.