



Referral Form

Please complete this form to refer patients with a muscular dystrophy (MD) or neuromuscular condition to Muscular Dystrophy Support Centre. Please send the completed form (attaching/ including any relevant clinic letters) to us via email at: reception@mdsupportcentre.org or mdsupportcentre@nhs.net or post to: [MD Support Centre, Unit 10 Westwood House, Westwood Way, Westwood Heath, Coventry CV4 8HS](#)

Please answer the below questions as appropriate:

Details of Referrer	
Details of Referrer <i>(Name of GP/ NHS Consultant and provider organisation/ Neuromuscular care advisor)</i>	
Date of Referral	
Patient Details	
Name of Patient	
Diagnosis	
NHS number	
Patient Date of Birth	
Patient Address	
	Postcode -
Mobile number	
Landline number	
Work/ any other relevant telephone number	
Patient/ Carer's Email Address	



Name of NHS Consultant the patient is under	
Patient's preferred method of communication <i>N.B. Our charity prefers to communicate via our secure (NHS.net) email where possible</i>	Post/ Email/ Telephone/ SMS (text) (Please take their consent)
Name of Patient's GP	
GP Surgery Address	
GP Contact Number	
Is the <u>Patient</u> aware that this referral is being made and provided consent?	Yes/ No
Is the Patient's <u>GP</u> aware that this referral is being made? <i>If the GP has not been made aware, please write to the GP regarding this referral</i>	Yes/ No
What is the reason for the referral? (Please describe any patient or therapist aims for the referral)	
What is the Patient's preferred location to receive therapy: <ul style="list-style-type: none"> • Coventry - Main Centre (Westwood Business Park, Westwood Heath, Coventry) • Birmingham (Bournville Gardens) • Leicester (LOROS hospice) • Tipton (Murray Hall Community Trust) • Daventry (Reach for Health, Stefan Hill) • Droitwich Spa N.B. Osteopathy only <p><u>Please note: the Patient will be expected to travel to our main hub in Coventry for their Initial Assessment and Annual Reviews but can otherwise receive treatment at their preferred satellite clinic.</u></p>	
What is the Patient's mobility status (are they ambulatory/ non-ambulatory, what mobility aids do they use etc.)?	



Does the patient have any other accessibility needs (e.g. visual/hearing impairment, learning disability etc.?)	

Please note:

1. *We cannot process referrals and offer appointments for young adults below 18 years of age, but you can refer individuals 6 months before they turn 18 and we will keep them on our waiting list and offer them an appointment on, or as close as possible, to their 18th birthday.*
2. *If the Patient does not yet have a confirmed diagnosis of muscular dystrophy or neuromuscular condition, you can refer, but please be aware that we may contact you for further information (and if that patient subsequently receives a diagnosis that does meet our criteria, we may need to discharge them sensitively).*
3. *If you have any questions or concerns, please contact our Clinical Services Manager (taher.dhuliawala@mdsupportcentre.org) or call our reception on 02476 100770.*