

Engineer	Date allocated	Date completed	Completed status	Number
----------	----------------	----------------	------------------	--------



LEICESTERSHIRE & RUTLAND PANEL

REMAP - Registered Charity No:1000456

REFERRAL FORM

Name: Mr/Mrs/Miss/Ms
Address:

Date of birth:

Signature:

Telephone no:

e-mail:

Today's date:

Nature of disability:

Problem for which help is required:

Name and address of any occupational therapist, physiotherapist, paediatrician, social services department, other organisation or REMAP panel who have been dealing with you, or who is making this referral:

Name: Mr/Mrs/Miss/Ms
Address:

Organisation:

Telephone no:

e-mail:

Name, address & telephone number of school (if appropriate):

Please give here any other relevant information:

Continue overleaf or on a separate sheet if necessary.

Please note that all details of a person's disability or medical history are treated in absolute confidence and no member of the panel is offering medical advice or opinion

All work carried out by REMAP is free of charge to the users.

Photographs

We publish publicity material to promote the work of REMAP. Please sign below to indicate that you are happy for us to include photographs of the work we do for you:

I give permission for REMAP to take, and use for their publicity, photographs of me and the work carried out for me, providing I am not identified by name or address.

Signed:

Date:

THE COMPLETED FORM SHOULD BE RETURNED TO:- REMAP Leicestershire Panel c/o Mike Nevett, 17 Beechwood Close, Leicester LE5 6SY mike.nevett@virgin.net
 To contact the Panel urgently, please telephone one of the committee members:
 Chairman. Mr Huw Thomas 01455 822 934 Treasurer. Mr Martin Grant 0116 2402803
 Secretary. Mr Mike Nevett 0116 241 4726

Please photocopy to provide additional forms.