

Engineer	Date allocated	Date completed	Completed status	Number
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# LEICESTERSHIRE 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

**Organisation:**

**Address:**

**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 The British Red Cross Society.  
 Medical Aid Department Aquis House, 211 Belgrave Gate,  
 Leicester LE1 3HT

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

e-mail: leicestershire@remap.org.uk

*Please photocopy to provide additional forms.*