



Referral form

NOTE: Please complete all sections in BLOCK CAPITALS. If an interpreter is required, this will need to be arranged privately.

your details

Title Name D.O.B

Gender Female ☐ Male ☐ Non-Binary ☐ Prefer not to say ☐

Address

Postcode

Phone Number Email

Mixed

White and Carribean ☐
White and African ☐
White and Asian ☐
Another mixed background ☐

Please state below:

Asian

British ☐
Indian ☐
Pakistani ☐
Bangladeshi ☐

Another Asian background ☐

Please state below:

White

British ☐
English ☐
Welsh ☐
Scottish ☐
Irish ☐

Another White background ☐

Please state below:

Black

British ☐
African ☐
Caribbean ☐
Another Black background ☐

Please state below:

Chinese and other ethnicities

Chinese ☐
Another Black background ☐

Please state below:

Do not wish to respond ☐

referrer details

Name

Relationship

Address

Postcode

Phone Number

Email

medical information

Describe any medical conditions you have below?

Height (CM)

Weight (KG)

How does your disability affect your ability to travel?

Have you spoken with your GP about flying?

Do you experience pain or discomfort when travelling?

Are you receiving any medication that you will need to take with you?



Will you need to use or take with you any of the following?

Catheter/stoma bag ☐ Oxygen cylinder ☐ Liquid Food ☐ Medication ☐

Other:

Do you use a wheelchair or seating system that you are considering taking with you?

Product Name/Make:

If you do use a wheelchair please tell us how you currently transfer:

What best describes the reason for your assessment?

- ☐ You or the person referred has not flown before
- ☐ You or the person referred has flown before but not with a disability
- ☐ You or the person referred has flown and would like to improve the experience

☐ Other:

What would you like to learn to make your flight easier or less stressful?

- | | | | |
|-----------------------------|-----------------------|-----------------------------------|-----------------------|
| Booking | <input type="radio"/> | Transferring from your wheelchair | <input type="radio"/> |
| Arriving at the airport | <input type="radio"/> | Making your way down the aisle | <input type="radio"/> |
| Checking in your bags | <input type="radio"/> | Transferring into your seat | <input type="radio"/> |
| Going through security | <input type="radio"/> | Seating location | <input type="radio"/> |
| What equipment you can take | <input type="radio"/> | Seating support | <input type="radio"/> |
| Boarding | <input type="radio"/> | Using the toilet | <input type="radio"/> |
| Connecting flights | <input type="radio"/> | Other | <input type="radio"/> |

Please state other:

Which aspects of your journey are you most concerned about?

Are there any specific products for aircraft seating that you would like to trial at the assessment?

RBF Burnett Body Support System ☐ Crelling Harness ☐ TravelChair ☐ CARES Harness ☐

Stabilo Support ☐ Other:

Are you considering hiring seating or transfer equipment to assist with your flight?

Please describe your current feeling about flying, either for yourself or when flying with the person being referred:

	A great deal	Quite a bit	Somewhat	Very little	Not at all
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

flight information

Have you booked a flight? Yes ☐ No ☐ If yes complete the details below:

Airline name	<input type="text"/>		
Departure Airport	<input type="text"/>		
Date	<input type="text"/>	Flight Number	<input type="text"/>
Destination Airport	<input type="text"/>		
Date	<input type="text"/>	Flight Number	<input type="text"/>

Have you informed your airline about your requirements?

If you have NOT booked a flight, please tell us any travel plans you are considering:

To help us plan our services could you tell us how you heard about RDAC?

Health Professional	<input type="radio"/>	Disability Group	<input type="radio"/>	Solicitor	<input type="radio"/>	Friend/Relative	<input type="radio"/>
Adaptation Company	<input type="radio"/>	Forum Website	<input type="radio"/>	DVLA	<input type="radio"/>	Driving Instructor	<input type="radio"/>
Case Manager	<input type="radio"/>	Publication	<input type="radio"/>	Garage	<input type="radio"/>	RDAC Website	<input type="radio"/>

declaration

I give consent for this assessment to be carried out and understand that the assessment may involve some manual handling to enable me, or the person I am travelling with to access any relevant equipment. I also agree that staff may occasionally record images during assessments to provide additional content to the written report.

I accept that if I fail to attend my appointment or if I do not give at least 5 working days cancellation notice, the fee will not be refunded. There will be a 25% administration charge for all cancellations if another appointment is not required.

RDAC may hold information regarding your assessment under the Data Protection Act 1998, to monitor and compare any previous assessment outcomes.

Name

Signature

Date

freedom to move

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