

FES FOR UPPER & LOWER LIMB

SELF-REFERRAL FORM FOR PRIVATE TREATMENT

Examples of how FES can be utilised for:

Upper Limb	Lower Limb
Improving upper limb function Shoulder subluxation (pain and management of) Maintaining range of movement Muscle strengthening Reducing tone/spasticity in the arm and hand	Drop foot correction Hip/knee flexion in gait Improving push off Muscle strengthening Maintaining muscle bulk

NAME:	
ADDRESS & POSTCODE:	
DATE OF BIRTH:	
TELEPHONE:	
MOBILE:	
G.P. NAME & ADDRESS:	

In order for us to process your referral, we may be required to contact your GP or Consultant for additional clinical information. If you are in agreement, please authorise us to do so by ticking the box:

FES only works if the damage is to the brain or the spinal cord. Therefore, FES can work in people with the following conditions. **If you have any of the following conditions, please circle the one that applies to you:**

<i>Stroke</i>	<i>Multiple Sclerosis (MS)</i>	<i>Head injury</i>	<i>Cerebral Palsy (CP)</i>
<i>Transverse Myelitis</i>	<i>HSP</i>	<i>Parkinson's (PD)</i>	<i>Spinal Cord</i>
Other:			

FES is unlikely to work if the damage is to a nerve going from the spinal cord to the muscle. This can happen in the following cases/diseases:

- | | |
|-----------------------|------------------------|
| Polio | Guillen-Barre Syndrome |
| Nerve Injury | Motor Neurone Disease |
| Prolapsed lumbar disc | Peripheral neuropathy |

If you have a condition not on either list, or you would like to discuss if FES could be suitable for you, the please contact us to speak to a clinician.

Telephone: 01722 439560 or Email: enquiries@odstockmedical.com.

How long have you had this condition?			
Which area of your body are you considering FES for?	Upper limb	Lower limb	
		Drop foot	Other
If other please specify what you would like FES to help e.g. hip flexion, knee flexion.....			
If you have a SCI, please indicate the level and type:	Spinal Level:		
	Complete	Incomplete	

In order to help us maximise the chance of FES being applicable for you please answer the following questions (**circle answer**):

1. Do you have a pacemaker or other electrical implant? If yes please give details:	YES	NO
2. Do you have any other heart condition? If so, give details:	YES	NO
3. Do you have breathing difficulties? If so, give details:	YES	NO
4. Do you have epilepsy? If so, is the epilepsy controlled?	YES YES	NO NO
5. Are you/think you are pregnant?	YES	NO
6. Do you have any skin conditions?	YES	NO

For lower limb and drop foot please tell us about your level of mobility:

1. Can you sit to stand independently?	YES	NO
2. Can you walk? If yes: How far? If you use any aids please specify:	YES	NO

I understand that by returning this form I am agreeing to “Private”, not “NHS” treatment and I will be responsible for the £99.00 assessment fee.

SIGNED: _____ **DATE:** _____

Please return to:

Email referrals@odstockmedical.com
Post Clinical Team
Odstock Medical Limited
Laing Building
Salisbury District Hospital
Salisbury
Wiltshire, SP2 8BJ

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