



**REGIONAL TECHNICAL AID SERVICE REFERRAL  
REGIONAL MEDICAL PHYSICS DEPARTMENT  
CONFIDENTIAL**

Please note that all client and referrer information is stored on a computer database.  
**PLEASE PRINT CLEARLY TO HELP AVOID ERRORS AND SPEED THE SERVICE.**  
Suitable for window envelopes (Fold on dashed lines).

To:

Technical Aid Service Manager  
Regional Medical Physics Department  
Newcastle General Hospital  
Newcastle Upon Tyne  
NE4 6BE

Contacts:

Carlisle: (01228) 814700  
Cleveland: (01642) 282847  
Durham: (0191) 333 2226  
Newcastle: (0191) 233 6161 x22489  
Web: www.rmpd.org.uk

**Problem Description:**

Please indicate if work cannot start at once on this referral.

**CLIENT DATA:**

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Clinical Diagnosis and Disability Description:**  
\_\_\_\_\_  
\_\_\_\_\_  
**Post Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Referred by:**

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
\_\_\_\_\_  
**Post Code:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

RTAS No	Project Leader	Date Received	Letter	File
			2 or 2A	