FES FOR UPPER & LOWER LIMB
SELF-REFERRAL FORM FOR PRIVATE TREATMENT

Examples of how FES can be utilised for:

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

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:

<table>
<thead>
<tr>
<th>Stroke</th>
<th>Multiple Sclerosis (MS)</th>
<th>Head injury</th>
<th>Cerebral Palsy (CP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transverse Myelitis</td>
<td>HSP</td>
<td>Parkinson's (PD)</td>
<td>Spinal Cord</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

Self-Referral UL/LL FES Form (Doc V6.1)
If you have a condition not on either list, or you would like to discuss if FES could be suitable for you, please contact us to speak to a clinician.

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

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### How long have you had this condition?

<table>
<thead>
<tr>
<th>Upper limb</th>
<th>Lower limb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drop foot</td>
</tr>
</tbody>
</table>

If other please specify what you would like FES to help e.g. hip flexion, knee flexion....

### Which area of your body are you considering FES for?

- [ ] Upper limb
- [ ] Lower limb
- [ ] Drop foot
- [ ] Other

### If you have a SCI, please indicate the level and type:

- [ ] Complete
- [ ] Incomplete

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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
   - [ ] NO

5. Are you/think you are pregnant?
   - [ ] YES
   - [ ] NO

6. Do you have any skin conditions?
   - [ ] YES
   - [ ] NO

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Self-Referral UL/LL FES Form (Doc V6.1)
For lower limb and drop foot please tell us about your level of mobility:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can you sit to stand independently?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Can you walk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How far?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you use any aids please specify:</td>
<td></td>
</tr>
</tbody>
</table>

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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