

Please complete as much as possible
& return to Positioning Specialist directly or
solutions@24hourpositioning.com.au

Questions? Please call us on 02 9161 2626



REFERRAL FORM

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REFERRER DETAILS

Name: _____ Relationship to Client: _____
Organisation: _____ Days of work: _____
Email: _____ Phone No. _____

CLIENT INFORMATION

Client Name: _____ Diagnosis/Disability: _____
D.O.B: _____ Weight in Kg: _____
Email: _____ Phone No: _____
Best days to trial: _____ Funding: Private
Address: _____ Enable
 NDIS Number: _____
 Other

Are there any risk factors at the client's home? Dog? Smoker? Aggressive? Remote location?

REFERRAL INFORMATION

HISTORY

TICK DETAILS

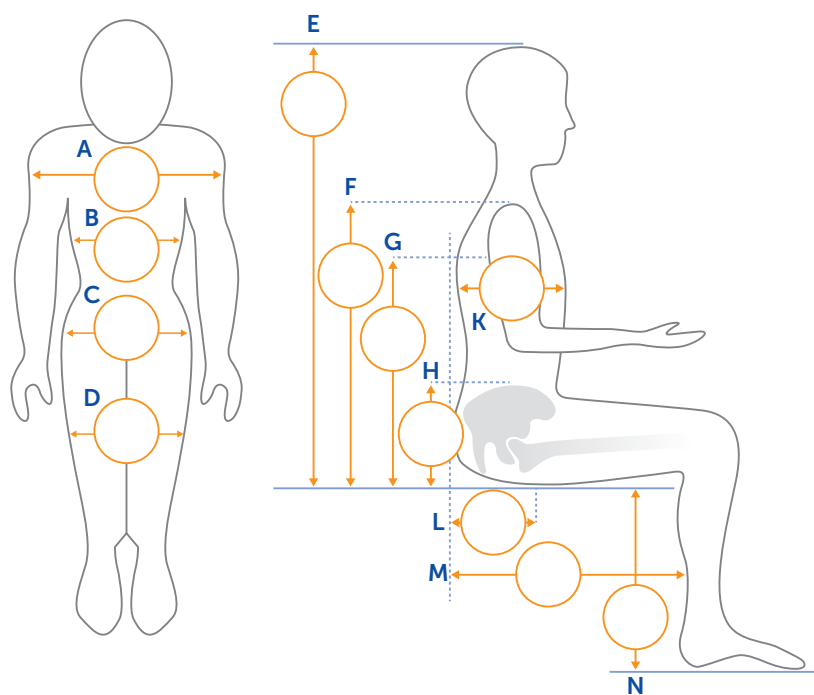
Asymmetrical posture	<input type="checkbox"/>	<i>Pelvic orientation (specify)</i> _____ <i>Postural tendencies (specify)</i> _____
Pain	<input type="checkbox"/>	_____
Pressure injury/skin history	<input type="checkbox"/>	_____
Muscle tone	<input type="checkbox"/>	_____
Swallowing/breathing difficulty	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	_____
Past/planned surgery	<input type="checkbox"/>	_____

REASON FOR REFERRAL

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Powered Mobility | <input type="checkbox"/> Service | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Self-Care Products | _____ |
| <input type="checkbox"/> Seating | <input type="checkbox"/> Sleeping | _____ |

Desired features and considerations for equipment:

CLIENT MEASUREMENTS & MAT EVALUATION



- | | | |
|-------|----------|-------------------------|
| _____ | A | SHOULDER WIDTH |
| _____ | B | CHEST WIDTH |
| _____ | C | HIP WIDTH |
| _____ | D | WIDTH at KNEE |
| _____ | E | SEAT to TOP of HEAD |
| _____ | F | SEAT to TOP of SHOULDER |
| _____ | G | SEAT to AXILLA |
| _____ | H | SEAT to PSIS |
| _____ | K | CHEST DEPTH |
| _____ | L | BACK to ANTERIOR of ITS |
| _____ | M | SEAT DEPTH |
| _____ | N | SEAT to FOOT PLATE |

NOTES

MAT EVALUATION NOTES
(Attach form if possible)

