

Therapist details**Date completed:**

Name:

☐

OT

☐

PT

☐

SP

☐

Other

Organisation / Company:

Working days:

☐

Mon

☐

Tues

☐

Wed

☐

Thurs

☐

Fri

Email:

Contact number:

Office address:

Client details

Name:

Age or DOB:

Address:

NDIS number:

If NDIS participant, how are funds managed, or please advise if non NDIS:

☐ Plan-managed ☐ Self-managed ☐ Agency-managed (PRODA) ☐ Agency-managed (PACE)

Other: _____ Plan Manager (if applicable): _____

Access to home

(if requesting a home trial): ☐ Flat / level ☐ Small threshold ☐ Steps ☐ Parking for van

Parent / Carer's name:

Contact number:

Email address:

Client Height:

Client Weight:

Diagnosis:

GMFCS level (if relevant): ☐ I ☐ II ☐ III ☐ IV ☐ VGender: ☐ Male ☐ Female ☐ Other

Other relevant medical information:

Vision: ☐ No abnormality ☐ Glasses ☐ Vision impairedHearing: ☐ No abnormality ☐ Hearing impairedFeeding: ☐ Oral ☐ PEG feeds ☐ BothSpeech: ☐ Verbal ☐ Non-verbal ☐ AACOrthoses: ☐ Yes ☐ No

Does the client experience pain? If so, please provide details:

Where will the equipment be used?

- ☐ Home ☐ School ☐ Work ☐ Inside/outside
☐ Inside only ☐ Outside only ☐ Beach ☐ Rural / remote

Other

Items requested for trial & sizing:

Any sensitive information the therapist needs to be aware of prior to trial:

Equipment you would like to trial or receive more information on:

- ☐ Strollers ☐ Manual wheelchairs ☐ Power mobility
☐ Standers ☐ Walkers/gait trainers ☐ Postural support
☐ Floor sitters ☐ Alternative indoor seating ☐ Car seats
☐ Toileting ☐ Shower / bath ☐ Beds/sleep
☐ Desks ☐ Exercise and recreation
☐ Other ☐ Please advise:

Measurement Details

Seating: Back Height (cm) _____ Seat Depth (cm) _____
Seat - Axilla (cm) _____ Hip Width (cm) _____
Lower Leg (cm) _____ Chest Width (cm) _____

Standing/
Walking: Heel - Axilla (cm) _____ Heel - ASIS (cm) _____
Heel - Knee (cm) _____ Heel to elbow(cm) _____
Inner Leg (cm) _____ Chest Width (cm) _____

Preferred time/dates for trial:

Is therapist familiar with the equipment: ☐ Yes ☐ No

AC mobility therapist required: ☐ Yes ☐ No

Best method of communicating with client: ☐ Phone ☐ Text ☐ Email ☐ Other

Interpreter required: ☐ Yes ☐ No Language