

Therapist detailsDate 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): _____

NDIS Plan Start date: _____ End date: _____

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 V Gender: Male Female Other

Other relevant medical information:

Vision: No abnormality Glasses Vision impaired

Hearing: No abnormality Hearing impaired

Feeding: Oral PEG feeds Both

Speech: Verbal Non-verbal AAC

Orthoses: 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