**This service is available for EMS assessors in the Waikato, BOP & Lakes regions.**

**Please contact Seating To Go if you have any queries on 0800 109 433**

**Send your completed referral to:**

Waikato Te Whatu Ora Region: Hamilton@seatingtogo.co.nz

BOP Te Whatu Ora Region: Tauranga@seatingtogo.co.nz

Lakes Te Whatu Ora Region: Rotorua@seatingtogo.co.nz

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| 1. **Therapist Information**
 |
| **Therapist Name:**  |
| **Mobile:**  | **Landline:** |
| **Work Address:** |
| **Employed by:** [ ]  Te Whatu Ora Provider [ ]  MOE [ ]  Specialist School [ ]  Private |
| **Area:**  [ ]  Waikato [ ]  BOP [ ]  Lakes |
| **Indicate area of credential if applicable:** [ ]  Level 1 WMPM [ ]  Lying [ ]  Level 2 WMPM |
| 1. **Client Related Information**
 |
| **Client Name:** |
| **Date of Birth:**  | **NHI No:** |
| [ ]  **Male** [ ]  **Female** |
| **Address:** |
| **Landline:**  | **Mobile No:** |
| **What is your goal** – eg improved sleep, daytime positioning?Click or tap here to enter text. |

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| 1. **Complete all sections**
 |
| **Advice required:** [ ]  Joint assessment [ ]  Advice on equipment / trial set up [ ]  Other (specify below) |
| **Current Level of Mobility:**Click or tap here to enter text. |
| **Disability / Health Issues:**(Diagnosis if known)Click or tap here to enter text. |
| **Describe current positioning equipment:**Click or tap here to enter text.  |

**Additional relevant information:** Please attach any assessment photographs that may assist with planning.

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**Therapist signature: Date:** Click or tap to enter a date.