**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.