**This service is available for EMS assessors in the Waikato, Bay of Plenty and Lakes regions.**

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

**Send your completed referral to:** **referrals@seatingtogo.co.nz**

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| 1. **Therapist Information**
 |
| **Therapist Name:** Click or tap here to enter text. |
| **Mobile:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Work Address:** Click or tap here to enter text.  |
| **Area:**  [ ]  Waikato [ ]  Bay of Plenty [ ]  Lakes |
| **Employed by:** [ ]  Te Whatu Ora [ ]  Ministry of Education [ ]  Specialist School [ ]  Private |
| **Indicate referrers area of credential if applicable:** [ ]  WMPM Level 1 [ ]  Lying [ ]  WMPM Level 2  |
|  |
| 1. **Client Related Information**
 |
| **Client Name:** Click or tap here to enter text. | [ ]  **Male** [ ]  **Female**  |
| **Date of Birth:** Click or tap here to enter text. | **NHI No:** Click or tap here to enter text. |
| **Contact person and details (if not client):** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Landline:** Click or tap here to enter text. | **Mobile No:** Click or tap here to enter text. |
| **What is the 24-hour postural management 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)Click or tap here to enter text. |
| **Current Level of Mobility:**Click or tap here to enter text. |
| **Disability / Health Issues / Diagnosis:**Click or tap here to enter text. |
| **Describe current positioning equipment:**Click or tap here to enter text.  |
| **Other comments:**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:** Click or tap here to enter text. **Date:** Click or tap to enter a date.