**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**](mailto: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 | |
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| 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.