

Assistive Technology Clinic- Trike Referral

1	<u>Client Details</u> Surname: First Name: Address:	Male/Female: D.O.B:
2	Next of Kin: Relationship: Address: ☎:	Weight: Height: Approx leg length: (inside leg, groin to under heel)
3	Physiotherapist: Address: ☎: Please note we will contact the physiotherapist prior to the appointment	GP: Address: ☎:
4	<u>Medical/ Referral Details</u> Please state the client's primary diagnosis? Please state any further diagnoses that the clinic team should be aware of?	
5	Briefly describe the client's posture and any changes in movement, quality of movement and/or tone? (particularly in relation to limitations of joint range of movement)	
6	Can the client sit unsupported? If not please describe where where support is required:	
7	Please let us know if there are any tissue trauma or pain issues	
8	Which trikes have the client tried and what problems have you encountered?	
9	Reason for referral	
10	Why do you need our services? Please tick all the issues/ requirements that apply to the client and describe the requirement <input type="checkbox"/> Sensory <input type="checkbox"/> Postural <input type="checkbox"/> Respiratory <input type="checkbox"/> Positioning in space <input type="checkbox"/> Quick release for safety <input type="checkbox"/> Chailey postural equipment to trial <input type="checkbox"/> Other (please note this clinic is intended to provide postural adaptations to trikes when commercially available solutions are not suitable)	

11	Has the client currently (or in the past) have had a trike?
12	Who provided the equipment listed in question 11?
13	We send the appointment letter to the client, the referrer and the named physiotherapist is there anyone else you would like the appointment letter sent to?
14	<p>Referrer Name: _____ Position: _____ Address: _____</p> <p>☎: Signature: _____ Date:.....</p>

Once completed please return this form to the assistive technology clinic coordinator at Chailey Heritage Clinical Services, Beggars Wood Road, North Chailey East Sussex BN8 4JN.

If you have any questions please contact the assistive technology clinic coordinator on 01825 722112