Referral Form

Geelong Complex Wheelchairs

Referrer Details

Name:

Phone: Email:

Reason for Referral: ☐ Wheelchair Rental ☐ Seating Review ☐ Wheelchair Repair

Client Details

Client Name: Date of Birth:

Contact Phone: Contact Email:

Address:

Funding Details

Equipment Funding Source: NDIS Number (if applicable):

Plan Type (if applicable): ☐ Self-Managed ☐ NDIS Managed ☐ Planned Managed

Plan Manager Name: Contact: Email:

LAC/Support Coordinator Name: Contact: Email:

Medical History

Primary Diagnosis:

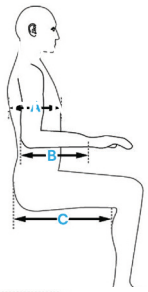
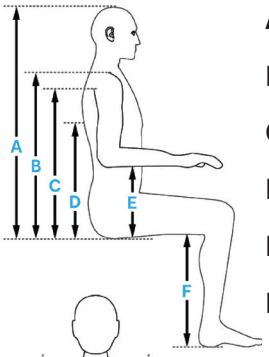
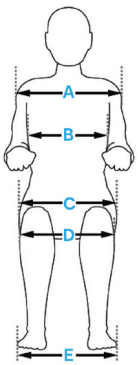
Cognition:

Pressure History/ Risk:

Continence:

Additional Comments:

Body Measurement (In Inches)

	Left	Right
		
A Trunk Depth		
B Forearm Depth		
C Buttock/ Thigh Depth		
D True Seat Depth *If Fixed Kyphosis or large Gluteal shelf is present.		
		
A Maximum Sitting Height		
B Shoulder Height		
C Axilla Height		
D Scapula Height		
E Elbow Height		
F Lower Leg Length		
		
A Shoulder Width		
B Chest Width		
C Hip Width		
D External Knee Width		
E External Foot Width		

Postural considerations:

Weight (kg):

Height (cm):

UL Dominance: ☐ Left ☐ Right