

REFERRAL FORM - GENERAL A.T.

Upon completion please return to: hello@motum.com.au

Please use this form when referral clients for general AT equipment such as strollers, indoor seating, walking and standing frames and bathroom aids. Please use our other referral forms for anything wheelchair or power assist related.

CLIENT DETAILS

Name: _____ NOK/Guardian name (if applicable): _____

Date of birth: _____ NDIS participant number(if applicable): _____

Contact mobile: _____ Email: _____

Address: _____

If NDIS participant, how are funds managed, or please advise if non-NDIS:

Agency-managed Plan-managed Self-Managed Other: _____

Is provision for this item already included within current NDIS plan? Yes No N/A

Please note that referrals may be declined if client or NOK contact details are not provided as Motum requires this information to share quoting and ordering information.

PRIMARY THERAPIST DETAILS

Name: _____ Organisation: _____

Tel: _____ Email: _____

EQUIPMENT SPECIFICATIONS

Type of item or model(s) to trial (if known): _____

Preferred trial location: Motum Client's home Other: _____

Preferred days of week / times of day : _____

Please note that the wait time for new referral appointments is typically between 2-4 weeks (Perth Metro area) and 4-8 weeks (regional areas), however, at times, it may be longer, particularly when client/primary therapist availability is limited.

MEASUREMENTS

Hip / Thigh width: _____ Seat depth: _____

Shoulder width: _____ Chest width: _____

Back height: _____ Lower leg length: _____

Current weight _____ kg (only required if client's hip/thigh width exceeds 45cm)

CLINICAL NOTES

Please provide any information that you feel may be relevant to this trial: