

# Standing Frame Assessment Referral Form



Mr, Mrs, Ms, Dr:..... Gender:  Male  Female

Surname:.....

First Name:..... Date of Birth:...../...../.....

Postal Address:.....

..... Telephone:.....

Mother's Mobile:..... Father's Mobile:.....

Fax:..... Email:.....

Mother's Surname:..... First Name:.....

Postal Address:.....  
(if different to child's)

..... Contact Phone:.....

Father's Surname:..... First Name:.....

Postal Address:.....  
(if different to child's)

..... Contact Phone:.....

Are you receiving services from Scope?  Yes  No

Physiotherapists Name:.....

Agency:..... Phone:.....

Permission to contact Physiotherapist?  Yes  No

Signature:.....

Where did you hear about GoKids?.....

Additional Information:.....

.....

.....

.....

Signature of Referee:..... Date:...../...../.....

BEST METHOD OF CONTACT: Home Phone Mother's Mobile Father's Mobile  
(Please circle)

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**The cost of a Standing Frame Assessment by GoKids is \$625.00.  
Payment is not required on the day of appointment.**

Child's diagnosis:.....

Current function: .....

**Is your child able to:**

Lift his/ her head when lying on tummy?

Actively move legs?

Actively move arms?

Reach for toys/ objects?

Hold head up when supported in sitting?

Sit with support?

Sit independently?

Stand with support?

Step when supported in standing?

Roll

Creep

Crawl

Bottom shuffle

Bunny hop

Other (please describe)

Does your child have any joint contractures or limited range of movement?  No  Yes (please describe)

Movement patterns and tone:.....

Which standing frame is your child currently using/or has trialled in the past? Was it successful or not,.....

why?.....

Which standers (if any) do you think would be suitable to trial for your child?.....

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**Parents:** Please measure your child's height (as detailed below) from instep to hip joint. If you are uncertain, please ask your child's Physiotherapist to complete.

