Walking Aid 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:.....

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.....

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 Mobility Aid 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 a toy/ object?
- ☐ Sit with support?
- ☐ Sit independently?
- ☐ Stand with support?
- ☐ Step when supported in standing?

Does your child try to move independently on the floor? ☐ Yes ☐ No

If so, how?

- ☐ Roll
- ☐ Creep
- ☐ Crawl
- ☐ Bottom shuffle
- ☐ Bunny hop
- ☐ Other (please describe)

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Movement patterns and tone:.....

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

why?.....

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Which walkers (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.*