

Better Start Standing Frame Assessment Referral Form



Gender: Male Female

Child's Surname:.....

Child's 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

Are registered with Better Start Yes No

What is your CRN:.....

Physiotherapists Name:.....

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

Permission to contact Physiotherapist? Yes No

Signature:.....

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

Additional Information:.....

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

(Please circle)

BEST METHOD OF CONTACT: Home Phone Mother's Mobile Father's Mobile

The cost of a Standing Frame Assessment by GoKids is \$625.00. This covers cost of assessment a Physiotherapy Report and initial fitting of the equipment. Payment is not required on the day of appointment.

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Child's diagnosis:.....

Current function:

Is your child able to:

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Lift his/ her head when lying on tummy? | <input type="checkbox"/> Step when supported in standing? |
| <input type="checkbox"/> Actively move legs? | <input type="checkbox"/> Roll |
| <input type="checkbox"/> Actively move arms? | <input type="checkbox"/> Creep |
| <input type="checkbox"/> Reach for toys/ objects? | <input type="checkbox"/> Crawl |
| <input type="checkbox"/> Hold head up when supported in sitting? | <input type="checkbox"/> Bottom shuffle |
| <input type="checkbox"/> Sit with support? | <input type="checkbox"/> Bunny hop |
| <input type="checkbox"/> Sit independently? | <input type="checkbox"/> Other (please describe)
.....
..... |
| <input type="checkbox"/> Stand with support? | |

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.

