

Better Start Walking Aid 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 Walking Aid 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:

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

why?.....

.....

Which Walker (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.

