## Referral for Outreach Clinic – Completed by EMS Assessor

# Wheelchair & Seating Outreach Service Referral & Outcome Summary

[ ]  Wheelchair & Seating

[ ] Lying Supports/Positioning

**Type of clinic appointment** Choose an item **If face to face, please give rationale** Enter text

**Date of referral** Enter a date

**Preferred clinic date** Enter a date

**Preferred time** Enter text **Impossible times** Enter text

**Venue/address for clinic appointment** Enter text

**Technician required?** [ ]  Yes [ ]  No

### Client Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** | [Insert Family Name] | **First Name(s)** | [Insert First Name(s)] |
| **NHI** | [Insert NHI] | **Date of Birth** | Enter text |
| **Address** | Enter text | **Email** | Enter text |
| **Gender** | Choose an option | **Ethnicity** | Enter text |

### EMS Assessor Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Enter text | **AEA No.** | Enter text |
| **Phone** | Enter text | **Accreditation** | Choose an item |
| **Email** | Enter text |

### Eligibility Details

**Primary Diagnosis** Choose an item **Secondary Diagnosis or other:** Enter text

**EMS Funding Stream** Choose an item

### Explanation of Situation/Issues

**Background Information**

Click or tap here to enter text.

**Current Functional Ability & Physical Assessment Findings**

Click or tap here to enter text.

**Current Issues/Challenges**

Click or tap here to enter text.

**Goals/Proposed Solution**

Click or tap here to enter text.

### Attachments Included (where applicable)

[ ] Photos [ ] Manual Wheelchair Specification Form [ ] Power Wheelchair Specification Form

## Outcome of Consultation - Completed by EMS Advisor, Outreach

### Discussion Notes from Outreach Appointment

Click or tap here to enter text.

### Unmet Needs

Click or tap here to enter text.

### Agreed Goals/Outcomes and Recommendations

Click or tap here to enter text.

### Plans for Follow-up

Click or tap here to enter text.

[ ] Request meets Whaikaha access criteria, consider proceeding to the EMS Portal

[ ] Request does not meet Whaikaha criteria, consider alternative solutions

[ ] Other: Enter text

**Date Completed** Enter a date

**EMS Advisor, Outreach** Choose an item

**Designation** Choose an item

Click on the icon below to paste in any photos

  

 