Rehab Hire Pty Ltd
310 Lorimer Street, Port Melbourne VIC 3207
Telephone 03 9646 7200 Facsimile 03 9645 3375
Email contact@rehabhire.com.au www.rehabhire.com.au

Referral / Assessment Form

DATE

CLIENT DETAILS

CLIENT NAME

TELEPHONE

MOBILE

EMAIL

ADDRESS

SUBURB STATE POSTCODE

DOB ☐ MALE ☐ FEMALE

LOCATION OF ASSESSMENT

FUNDING

- ◯ NDIS
- ◯ TAC
- ◯ HOME CARE PACKAGE
- ◯ SWEP
- ◯ DVA
- ◯ PRIVATE

NDIS PARTICIPANT NUMBER

NDIS PLANNER

NDIS COS AGENCY

NDIS COS COORDINATOR NAME

HEALTH PROFESSIONAL

NAME

TELEPHONE MOBILE

EMAIL

FACILITY / PRACTICE NAME

ADDRESS

SUBURB STATE POSTCODE

CLIENT CLINICAL INFORMATION

DIAGNOSIS

☐ PROGRESSIVE ☐ NON-PROGRESSIVE

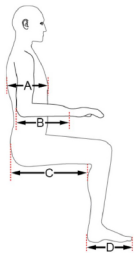
CURRENT PRESSURE ULCER ☐ YES ☐ NO

IF YES WHAT IS CAUSE?

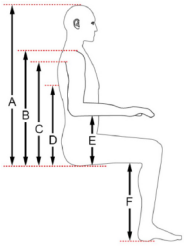
HEIGHT WEIGHT STABLE

CURRENT SEATING / MOBILITY EQUIPMENT

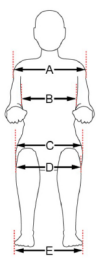
EQUIPMENT FOR TRIAL



		LEFT	RIGHT
A	CHEST DEPTH		
B	FOREARM DEPTH		
C	BUTTOCK / THIGH DEPTH		
D	FOOT DEPTH		



		LEFT	RIGHT
A	MAXIMUM SEAT HEIGHT		
B	SHOULDER HEIGHT		
C	AXILLA HEIGHT		
D	SCAPULA HEIGHT		
E	ELBOW HEIGHT		
F	LOWER LEG LENGTH		



A	SHOULDER WIDTH	
B	CHEST WIDTH	
C	HIP WIDTH (GT-GT) WIDEST POINT	
D	EXTERNAL KNEE WIDTH	
E	EXTERNAL FOOT WIDTH	

PLEASE ADD ALL MEASUREMENTS IN CENTIMETRES

NOTES: