

# REFERRAL FORM

**Please note:** Referrals to be sent to: [seattech@enableireland.ie](mailto:seattech@enableireland.ie)  
These will not be processed unless **ALL** fields have been completed

Name: \_\_\_\_\_ M ☐ / F ☐ D.O.B: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ GMFCS\*: \_\_\_\_\_

New episode of care ☐ / First-time referral ☐ \*Gross Motor Function Classification System equivalence

LTI / Med Card No & Expiry Date: \_\_\_\_\_

Address of person being referred - Please include Eircode: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Self ☐, or Parent/Guardian ☐

Parent/Guardian's name (if applicable): \_\_\_\_\_

## Current Equipment (Please provide further details overleaf, if necessary):

W'chair Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Seating Description: \_\_\_\_\_

Nature of referral:    Assessment ☐    Review ☐    Other ☐ \_\_\_\_\_

## Checklist - Please ensure that the following documentation accompanies this form:

SeatTech Seating Assessment Form Part 1 – General information  
SeatTech Seating Assessment Form Part 2 – Physical (or equivalent)  
Assessment HSE Risk Assessment

Please detail reason for referral overleaf.

Signed Clinician: \_\_\_\_\_ Mobile 📞: \_\_\_\_\_

Clinician Address: \_\_\_\_\_

E-✉: \_\_\_\_\_

PCOT (if different) \_\_\_\_\_ Mobile 📞: \_\_\_\_\_

Other Key-Worker(s): \_\_\_\_\_

Signed Manager/Clinical Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for referral:

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

# SEATTECH REFERRAL PRIORITY SCORING SCALE

To be completed by referring clinician

Service user/Service owner Name:

DOB:

Referring clinician:

	Clinical Comments	SCORE (Where no concerns, score = 0)	Score = 1	Score = 2	Score = 3
Pain/discomfort (include pain scale score)			Score of up to 1-5 on scale	Score of up to 6-7 on scale	Score of up to 8-10 on scale
Pressure risk (related to seating)			Category 1 pressure injury	Category 2 pressure injury	Category 3 or 4 pressure injury
Growth / Weight changes			Some growth or weight changes evident	Using seating with discomfort due to growth or weight changes	Unable to use seating due to growth or weight changes
Postural changes			Mild postural changes evident	Using seating with discomfort due to postural changes	Unable to use seating due to postural changes +1 score for recent posture-related surgery
Functional Impact (Equipment impacts on ability to engage in activity)			Min	Mod	Max
Risk Rating (HSE Risk Ax <u>must</u> be included Score noted below)			Score of 9 or 12 on HSE Risk Ax	Score of 15 or 16 on HSE Risk Ax	Score of 20+ on HSE Risk Ax

The HSE Risk rating score is:

For SeatTech office use only:

Total Score: \_\_\_\_\_



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

General Risk Assessment Form					
Division:			Source of Risk:		
HG/CHO/NAS/Function:			Primary Impact Category:		
Hospital Site/Service:			Risk Type:		
Dept/Service Site:			Name of Risk Owner (BLOCKS):		
Date of Assessment:			Signature of Risk Owner:		
Unique ID No:			Risk Co-Ordinator:		
			*Risk Assessor (s):		
<b>**HAZARD &amp; RISK DESCRIPTION</b>		<b>EXISTING CONTROL MEASURES</b>	<b>ADDITIONAL CONTROLS REQUIRED</b>	<b>ACTION OWNER (i.e. the Person responsible for the action)</b>	<b>DUE DATE</b>
<b>INITIAL RISK</b>			<b>Risk Status</b>		
<b>Likelihood</b>	<b>Impact</b>	<b>Initial Risk Rating</b>	<b>Open</b>	<b>Monitor</b>	<b>Closed</b>

\*Risk Assessor to be recorded for OSH risks only.

\*\*Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.

## SEATING ASSESSMENT FORM - General

### 1. GENERAL INFORMATION

Name: \_\_\_\_\_ M ☐ / F ☐ D.O.B: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ GMFCS\*+: \_\_\_\_\_

Present at assessment: \_\_\_\_\_ Date: \_\_\_\_\_

#### Service User/Owner Communication

Vision, Hearing, Speech: \_\_\_\_\_

Cognition, Perception, Communication: \_\_\_\_\_

#### Relevant Medical/Orthopaedic Information (e.g. Surgery, Pressure issues, Tissue Trauma, Medication, X-Rays)

\_\_\_\_\_ Weight (kgs): \_\_\_\_\_

Part 1 of Outcome Measure complete: Yes ☐ No ☐

Plan if 'No': \_\_\_\_\_

### 2. TRANSFERS

Max Seat Height for transfers: \_\_\_\_\_ cm Method of Transfer: Bed, Chair, Stander, Toilet, Car: \_\_\_\_\_

### 3. MODE OF MOBILITY

3.1 Ambulation (Indoor/Outdoor- Specify): \_\_\_\_\_

3.2 Wheelchair (Manual/Power/ Power Assist): \_\_\_\_\_

### 4. EATING AND DRINKING MANAGEMENT

Excessive Saliva ☐ Choking Risk ☐ Gastrostomy Fed ☐ Other ☐ \_\_\_\_\_

Comments: \_\_\_\_\_

### 5. LEISURE REQUIREMENT

Play/Leisure/Sport Requirements: \_\_\_\_\_

### 6. TOILETING

Continent ☐ Incontinent ☐ - Comments re: management (urinal, catheter, continence aids) \_\_\_\_\_

## 7. LIVING/WORKING ENVIRONMENT

**7.1 Living Environment:** Independent ☐ With parents/PA ☐ In Residential Care ☐

Other ☐ \_\_\_\_\_ Name & contact details of PCOT \_\_\_\_\_

**7.2 Environmental Considerations:** (Entrance/Exit/Bedroom/Bathroom/Storage- Home & School)

## 8. TRANSPORT

**8.1.Private:** Vehicle Model: \_\_\_\_\_ Method of Access/Egress: \_\_\_\_\_

Maximum Head Height (cms) - for safe entry/use of vehicle \_\_\_\_\_

Method of Restraint: \_\_\_\_\_

**8.2 Agency:** Vehicle Model: \_\_\_\_\_ Method of Access/Egress: \_\_\_\_\_

Maximum Head Height (cms) - for safe entry/use of vehicle \_\_\_\_\_

Method of Restraint: \_\_\_\_\_

**8.3 Public Transport –Public Transport Ax Required/Completed?** Bus ☐ Taxi ☐ Train ☐ Plane ☐

## 9. CARERS REQUIREMENTS

Carers Needs: ADL's- (Transfers, Toilet, Feeding, Chair Management, Chair Weight)

## 10. OBSERVATION OF CURRENT EQUIPMENT

### 10.1 Mobility Base:

Make/Model: (Manual/Power/Activity Chair) \_\_\_\_\_ SN: \_\_\_\_\_

Year of Issue: \_\_\_\_\_

Dimensions: Overall width, Length, Height, Floor to Seat height

### 10.2 Seating Description:

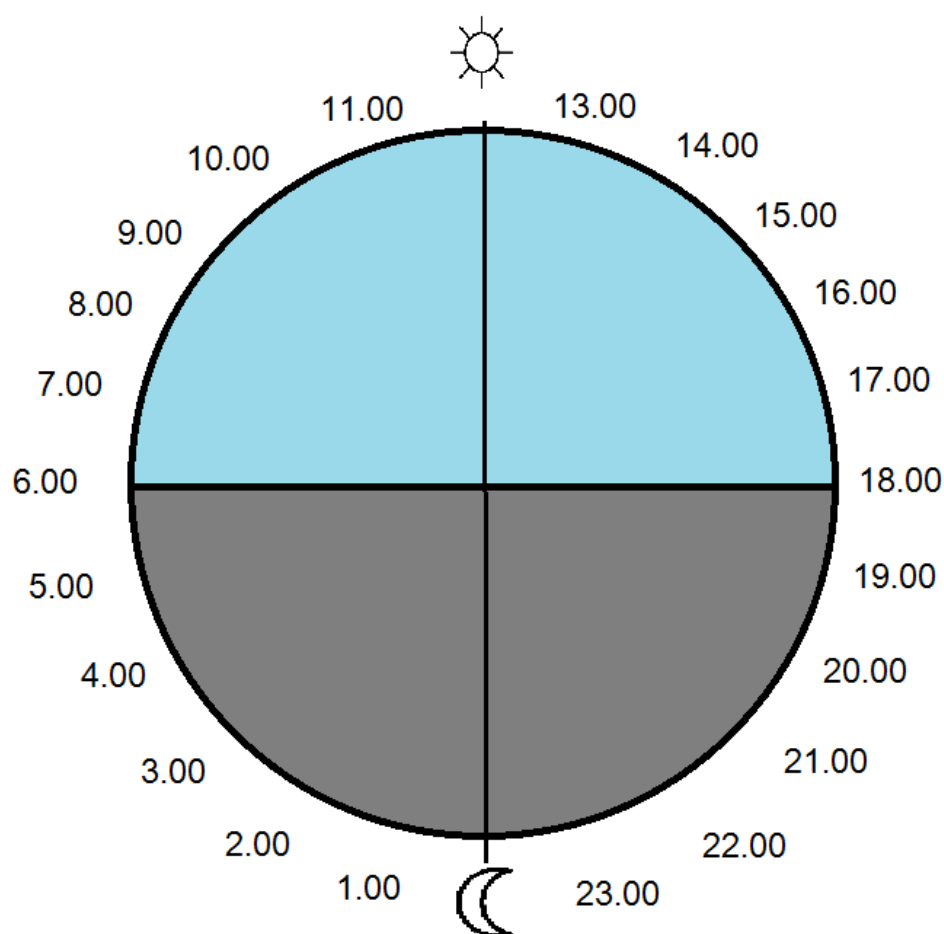
Seat make & model: \_\_\_\_\_

Back support make & model: \_\_\_\_\_

Head support make & model: \_\_\_\_\_

Other components: \_\_\_\_\_

## 11. OTHER OBSERVATIONS

**24 HOUR POSITIONING ROUTINE**

Mark the time spent by the client in lying (L), sitting (S) or standing (ST) on the 24 hour time clock above in order to record their daily postural diet

**Sensory Status**

Sight: \_\_\_\_\_

Touch: \_\_\_\_\_

Vision: \_\_\_\_\_

Vestibular: \_\_\_\_\_

Hearing: \_\_\_\_\_

**Additional Notes:**

**ASSESSMENT DETAILS**

**Present at Assessment:** (Include client, carer/parent, therapist, product specialist)

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POSITIVES of current Wheelchair/Seating Syste	NEGATIVES of current Wheelchair/SEATING SYSTE

**FUNCTIONAL REQUIREMENTS FOR NEW WHEELCHAIR/SEATING SYSTEM**


**Additional Notes:**



# SEATING ASSESSMENT FORM - Physical

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## MAT Evaluation

### Observation of sitting in current seating system:

#### Pelvic Tilt

(Anterior Tilt, Neutral, Posterior Tilt)

#### Pelvic Obliquity

(Right ASIS Lower, Left ASIS Lower)

#### Pelvic Rotation

(Right ASIS Forward, Left ASIS Forward)

#### Hip Position (Measured from the 90-90-90 position)

(Flexion/Extension, Abduction/Adduction, External/Internal Rotation, Hip Migration)

#### Knee Position

(Flexion/Extension)

#### Ankle & Feet Position

(Dorsiflexion/Plantarflexion, Inversion/Eversion)

#### Spine

(Scoliosis/Kyphosis/ Lordosis/Cervical Extension)

#### Shoulders & Upper Limbs

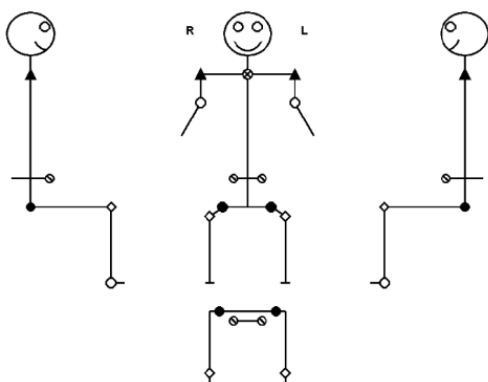
(Protraction/Retraction, Elevation/Depression, Flexion/Extension)

#### Head Position

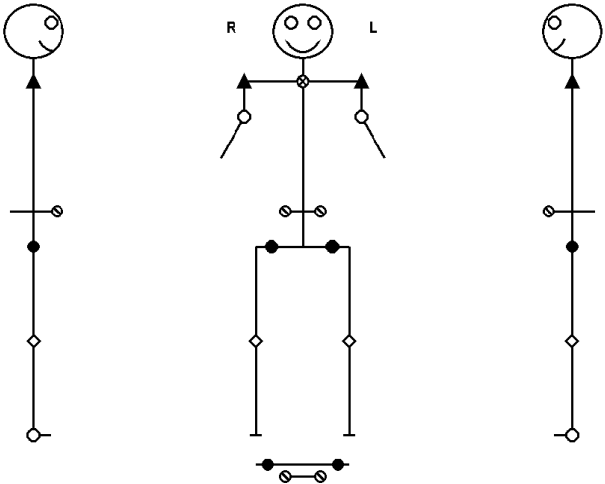
(Flexion/Extension, Lateral Flexion, Rotation, Chin Poke)

#### Weight Distribution (Right/Left/Even)

(Feet, Thighs, Buttocks, Back, Head, Upper Limbs, IT's)

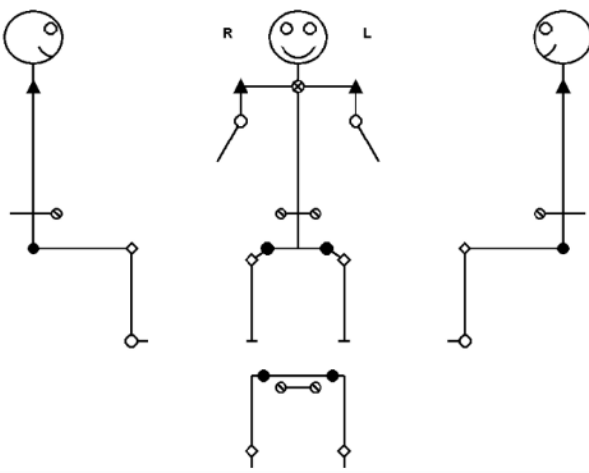
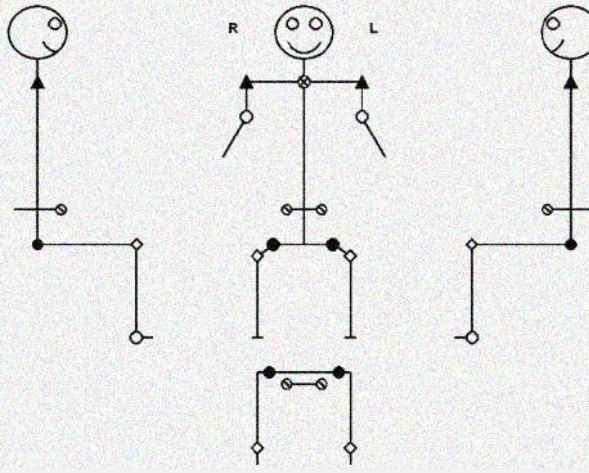


### Other Observations

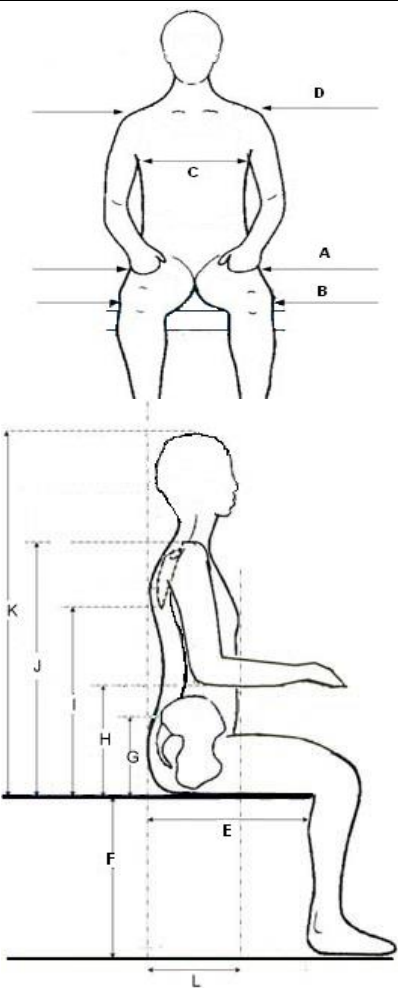
<b>Observation of supine lying:</b>	
<b>Pelvic Tilt</b> (Anterior Tilt, Neutral, Posterior Tilt; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Pelvic Obliquity</b> (Right ASIS Lower, Left ASIS Lower; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Pelvic Rotation</b> (Right ASIS Forward, Left ASIS Forward; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Hip Position</b> (Flexion/Neutral, Abduction/Adduction, External/Internal Rotation, Hip Migration; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Knee Position</b> (Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Ankle &amp; Feet Position</b> (Dorsiflexion/Plantarflexion, Inversion/Eversion; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Spine</b> (Scoliosis/Kyphosis/ Lordosis/Cervical Extension; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Shoulders &amp; Upper Limbs</b> (Protraction/Retraction, Elevation/Depression, Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Head Position</b> (Flexion/Extension, Lateral Flexion, Rotation, Chin Poke; Fixed/Flexible/Functionally Fixed/Flexible)	
<b>Weight Distribution</b> (Right/Left/Even; Feet, Thighs, Buttocks, Back, Head, Upper Limbs, IT's; Fixed/Flexible/Functionally Fixed/Flexible)	
	<b>Other Observations</b>

Measurement of Spinal Symmetry		
<b>Coracoid Process to the ASIS</b> <b>Vertical (Same side)</b> <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> A-C         </div> <div> <b>Left</b>  <input type="text"/> B-D         </div> </div>		<b>Comments &amp; Observations</b>
<b>Coracoid Process to the ASIS</b> <b>Diagonal (Opposite Side)</b> <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> A-D         </div> <div> <b>Left</b>  <input type="text"/> B-C         </div> </div>		

Range of Motion		
<b>Hip Joint</b>		
<b>Hip Flexion to Neutral</b> Standard Range 120/90/0 <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> 90 <input type="text"/> </div> <div> <b>Left</b>  <input type="text"/> 90 <input type="text"/> </div> </div>		
<b>Hip ABduction to ADduction (hip 90)</b> Standard Range 80/0/20 <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> 0 <input type="text"/> </div> <div> <b>Left</b>  <input type="text"/> 0 <input type="text"/> </div> </div>		
<b>Hip external rotation to internal rotation (hip 90)</b> Standard Range 45/0/35 <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> 0 <input type="text"/> </div> <div> <b>Left</b>  <input type="text"/> 0 <input type="text"/> </div> </div>		
<b>Knee</b>		
<b>Knee Flexion to Extension (hip 90)</b> Standard Range 130/90/0 <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> 90 <input type="text"/> </div> <div> <b>Left</b>  <input type="text"/> 90 <input type="text"/> </div> </div>		
<b>Ankle</b>		
<b>Ankle dorsiflexion to plantar flexion (knee flexed)</b> Standard Range 30/0/40 <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> 0 <input type="text"/> </div> <div> <b>Left</b>  <input type="text"/> 0 <input type="text"/> </div> </div>		
<b>Ankle dorsiflexion to plantar flexion (knee 0)</b> Standard Range 30/0/40 <div style="display: flex; justify-content: space-around;"> <div> <b>Right</b>  <input type="text"/> 0 <input type="text"/> </div> <div> <b>Left</b>  <input type="text"/> 0 <input type="text"/> </div> </div>		

Plinth Sitting		
	Uncorrected	Corrected – Document supports necessary
<b>Pelvic Tilt</b> (Anterior Tilt, Neutral, Posterior Tilt; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Pelvic Obliquity</b> (Right ASIS Lower, Left ASIS Lower; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Pelvic Rotation</b> (Right ASIS Forward, Left ASIS Forward; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Hip Position</b> (Measured from the 90-90-90 position) (Flexion/Extension, Abduction/Adduction, External/Internal Rotation, Hip Migration; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Knee Position</b> (Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Ankle &amp; Feet Position</b> (Dorsiflexion/Plantarflexion, Inversion/Eversion; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Spine</b> (Scoliosis/Kyphosis/ Lordosis/Cervical Extension; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Shoulders &amp; Upper Limbs</b> (Protraction/Retraction, Elevation/Depression, Flexion/Extension; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Head Position</b> (Flexion/Extension, Lateral Flexion, Rotation, Chin Poke; Fixed/Flexible/Functionally Fixed/Flexible)		
<b>Unsupported:</b> 	<b>Supported:</b> 	

## ANTHROPOMETRIC MEASUREMENTS

	<b>Weight</b>		
		st/lb	kg
	<b>Height</b>		
		ft/in	m/cm/mm
	<b>A Hip Width</b> (Widest Point)		
	<b>B External Knee Width</b> (Width across knees)		
	<b>C Chest Width</b>		
	<b>D Shoulder Width</b>		
	<b>E Thigh Depth</b> (Sacrum to popliteal fossa)	Left	Right
	<b>F Lower Leg Length</b> (Popliteal fossa to heel)	Left	Right
	<b>G PSIS</b> (Seat surface to PSIS)	Left	Right
	<b>H Elbow Height</b> (Seat surface to hanging elbow)	Left	Right
	<b>I Scapula Height</b> (Seat surface to inferior angle of scapula)	Left	Right
	<b>J Shoulder Height</b> (Seat surface to shoulder)		
<b>K Maximum Sitting Height</b> (Seat surface to top of head)			
<b>L Trunk Depth</b> (for back support style & lateral thoracic supports)			

### Levels of Sitting Ability (Chailey)

Level 1	Unplaceable	Comments:
Level 2	Placeable, not able to maintain position	
Level 3	Can maintain position but not move	
Level 4	Can maintain position and move within base	
Level 5	Can maintain position and move outside base	
Level 6	Can move out of position	
Level 7	Can attain position	

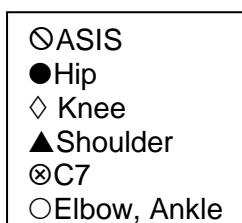
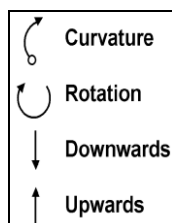
### Level of supine Lying Ability (Chailey)

Level (Please Circle)		Quality (Please indicate: Yes=1, No=0)	
Level 1	Unplaceable – severe asymmetry	Trunk Symmetrical	
Level 2	Placeable, Support	Head Midline	
Level 3	Maintain, No Movement	Arms resting by Sides	
Level 4	Flex trunk	Legs Straight	
Level 5	Shift Weight laterally	Legs Separated	
Level 6	Roll supine to Prone	Weight Distributed evenly	
Level 7	Controlled Manner	Total	

### Other Details

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## Stick Diagram Notations



## Glossary of Terms

**ASIS:** Anterior Superior Iliac Spine

**PSIS:** Posterior Superior Iliac Spine

**IT:** Ischial Tuberosity

### Anterior Pelvic Tilt:

Forward tilt of pelvis

### Posterior Pelvic Tilt:

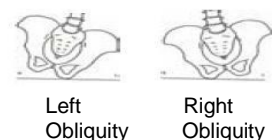
Backward tilt of pelvis

### Tilt (Side view)



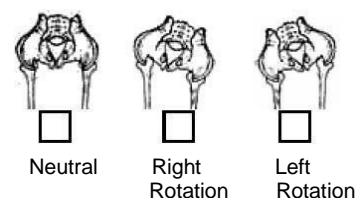
### Pelvic Obliquity:

One ASIS is **lower** than other (refers to lower side, i.e. right side obliquity = right ASIS is lower than left)



### Pelvic Rotation:

One ASIS is rotating forward towards the opposite side i.e. right ASIS is rotating forward towards the left side=left rotation



### Abduction:

Leg is placed in a position that is coming away from midline, moving your leg away from the centre of your body.

### Adduction:

Medial movement of leg towards the midline of body.



### Kyphosis:

A "C" shaped curve. Usually present in the upper thoracic region.

### Lordosis:

Usually found in the lumbar or cervical region of the spine

### Scoliosis:

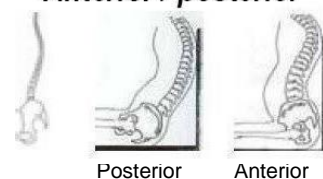
An "S" or "C" shaped curve. Sometimes the vertebra rotates, which leads to a rib deformity.

**Cervical Area:** (C1-C8)

**Thoracic Area:** (T1-T12)

**Lumbar area:** Base of back (L1-L5)

### Anterior / posterior



### Scoliosis (Frontal View)

