

REFERRAL FORM

Please note: Referrals to be sent to: seattech@enableireland.ie

These will not be processed unless **ALL** fields have been completed

Name: _____

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 : _____

E-✉: _____

PCOT (if different) _____ Mobile : _____

E- : _____

Other Key-Worker(s): _____

Date: _____

Reason for referral:

Other Information:

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	No Concerns: Score = 0			
Product Failure			The failure of a SeatTech component is putting wheelchair user at imminent risk of injury		
Rapid degeneration			E.g. End of life palliative care, MND, progressing MS		
Pre-surgical assessment / Post-surgical review			Complex orthopaedic, e.g. spinal fusion, hip excision		
Pressure Injury (related to seating)			Category 1 pressure injury	Category 2 pressure injury	Category 3 or 4 pressure injury
Pain/discomfort			Score of up to 1-5 on scale	Score of up to 6-7 on scale	Score of up to 8-10 on scale
Functional Impact (Equipment impacts on ability to engage in activity)			Min	Moderate	Max
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
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
Risk Rating (HSE Risk Ax must be included)			The <u>HSE Risk rating</u> score is: _____		
For SeatTech office use only:		Total Score: _____			



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):			
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
INITIAL RISK			Risk Status	
Likelihood	Impact	Initial Risk Rating	Open	Monitor

*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:

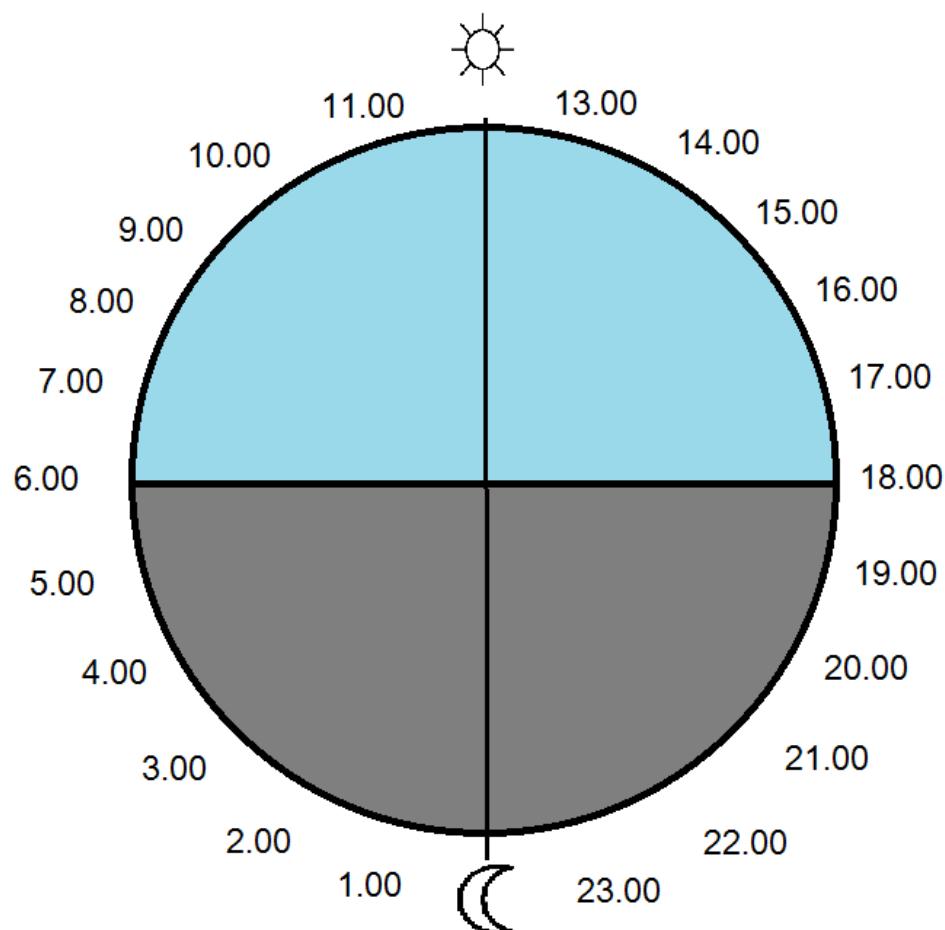
Seat make & model: _____

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:

ASESSMENT DETAILS

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

POSITIVES of current Wheelchair/Seating System	NEGATIVES of current Wheelchair/SEATING SYSTEM

FUNCTIONAL REQUIREMENTS FOR NEW WHEELCHAIR/SEATING SYSTEM

Additional Notes:

SEATING ASSESSMENT FORM - Physical

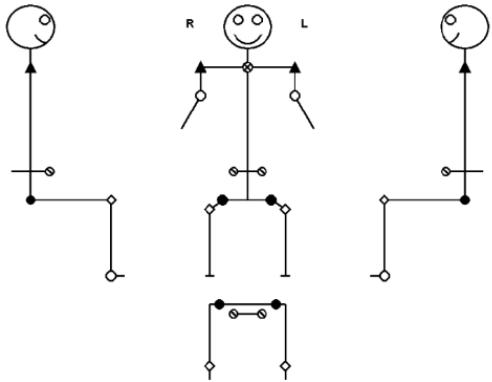
Name: _____

D.O.B.: _____

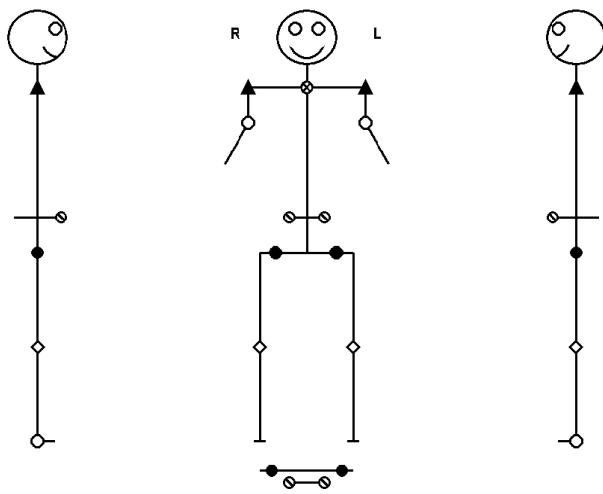
Diagnosis: _____

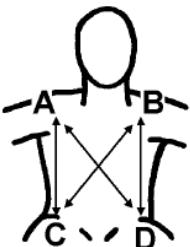
MAT Evaluation

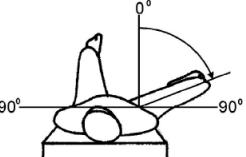
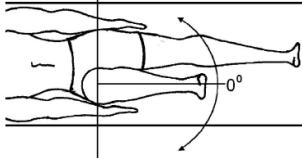
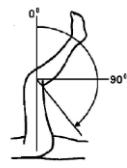
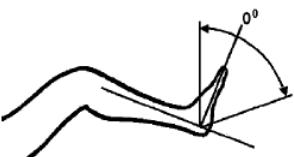
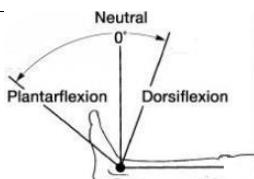
Observation of sitting in current seating system:

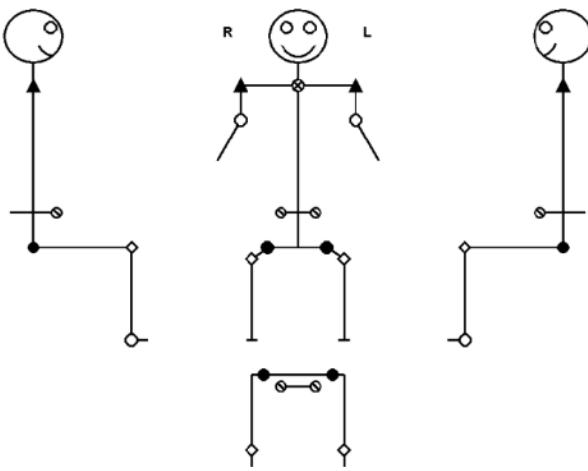
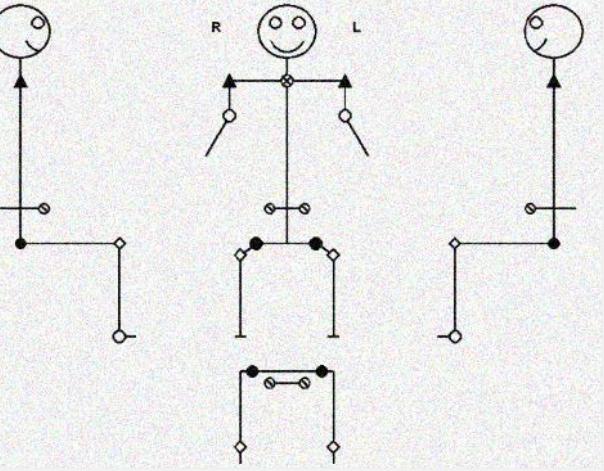
Pelvic Tilt (Anterior Tilt, Neutral, Posterior Tilt)	
Pelvic Obliquity (Right ASIS Lower, Left ASIS Lower)	
Pelvic Rotation (Right ASIS Forward, Left ASIS Forward)	
Hip Position (Measured from the 90-90-90 position) (Flexion/Extension, Abduction/Adduction, External/Internal Rotation, Hip Migration)	
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

Observation of supine lying:

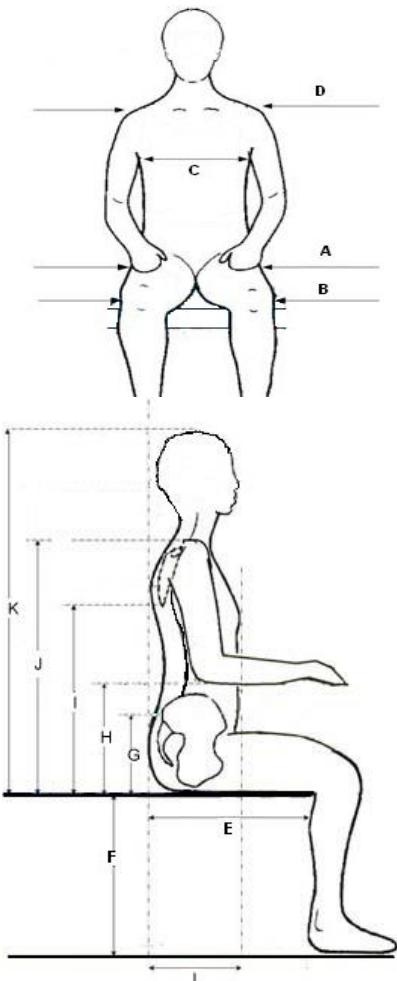
Pelvic Tilt (Anterior Tilt, Neutral, Posterior Tilt; Fixed/Flexible/Functionally Fixed/Flexible)	
Pelvic Obliquity (Right ASIS Lower, Left ASIS Lower; Fixed/Flexible/Functionally Fixed/Flexible)	
Pelvic Rotation (Right ASIS Forward, Left ASIS Forward; Fixed/Flexible/Functionally Fixed/Flexible)	
Hip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

Measurement of Spinal Symmetry					
Coracoid Process to the ASIS			Comments & Observations		
Vertical (Same side)		Supine			
Right	A-C	Left	B-D		
Diagonal (Opposite Side)		Supine			
Right	A-D	Left	B-C		

Range of Motion					
Hip Joint					
Hip Flexion to Neutral					
Standard Range 120/90/0					
Right	90	Left	90		
Hip ABduction to ADduction (hip 90)					
Standard Range 80/0/20					
Right	0	Left	0		
Hip external rotation to internal rotation (hip 90)					
Standard Range 45/0/35					
Right	0	Left	0		
Knee					
Knee Flexion to Extension (hip 90)					
Standard Range 130/90/0					
Right	90	Left	90		
Ankle					
Ankle dorsiflexion to plantar flexion (knee flexed)					
Standard Range 30/0/40					
Right	0	Left	0		
Ankle dorsiflexion to plantar flexion (knee 0)					
Standard Range 30/0/40					
Right	0	Left	0		

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

ANTHROPOMETRIC MEASUREMENTS



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

Levels of Sitting Ability (Chailey)

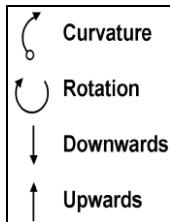
Level 1	Unplaceable	Comments:
Level 2	Placeable, not able to maintain position	
Level 3	Can maintain position but not move	
Level 4	Can maintain position and move within base	
Level 5	Can maintain position and move outside base	
Level 6	Can move out of position	
Level 7	Can attain position	

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

Stick Diagram Notations



Glossary of Terms

ASIS: Anterior Superior Iliac Spine

PSIS: Posterior Superior Iliac Spine

IT: Ischial Tuberosity

Anterior Pelvic Tilt:

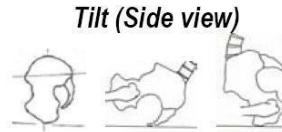
Forward tilt of pelvis

Posterior Pelvic Tilt:

Backward tilt of pelvis

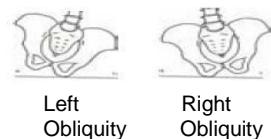
Pelvic Obliquity:

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



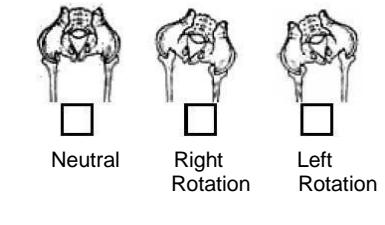
Pelvic Rotation:

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



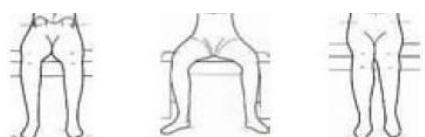
Abduction:

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



Adduction:

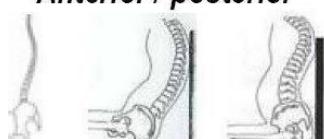
Medial movement of leg towards the midline of body.



Kyphosis:

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

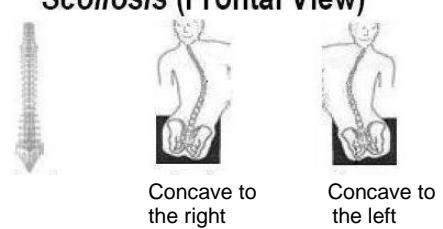
Anterior / posterior



Lordosis:

Usually found in the lumbar or cervical region of the spine

Scoliosis (Frontal View)



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)

