

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			
Rapid degeneration		☐		First time WC user following medical diagnosis, MD(other) ☐	e.g. End of life palliative care, MND, progressing MS, SMA, DMD ☐
Posture-related Surgery		☐		Complex orthopaedic, e.g. spinal fusion, hip excision - pre surgery ☐	Complex orthopaedic, e.g. spinal fusion, hip excision - post surgery ☐
Pressure Risk (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 ☐
Postural Changes		☐	Mild postural changes evident ☐	Postural changes resulting in the seating system not meeting SU needs ☐	Unable to use seating due to postural changes ☐
Product Failure		☐	Worn/Lost seating products ☐	Failure or WC/ off-the-shelf Seating components / WC & Seating is more than 5 years old/WC & Seating Trialled at community but unsatisfactory ☐	Failure of a SeatTech component puts wheelchair user at imminent risk of injury ☐
Functional Impact (Equipment impacts on ability to engage in activity)		☐	Min ☐	Mod ☐	Max ☐
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 ☐
Rating (HSE Risk Ax must be included below)		☐	Score of 9 or 12 ☐	Score of 15 or 16 ☐	Score of 20+ ☐

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):		
**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	Closed

*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:

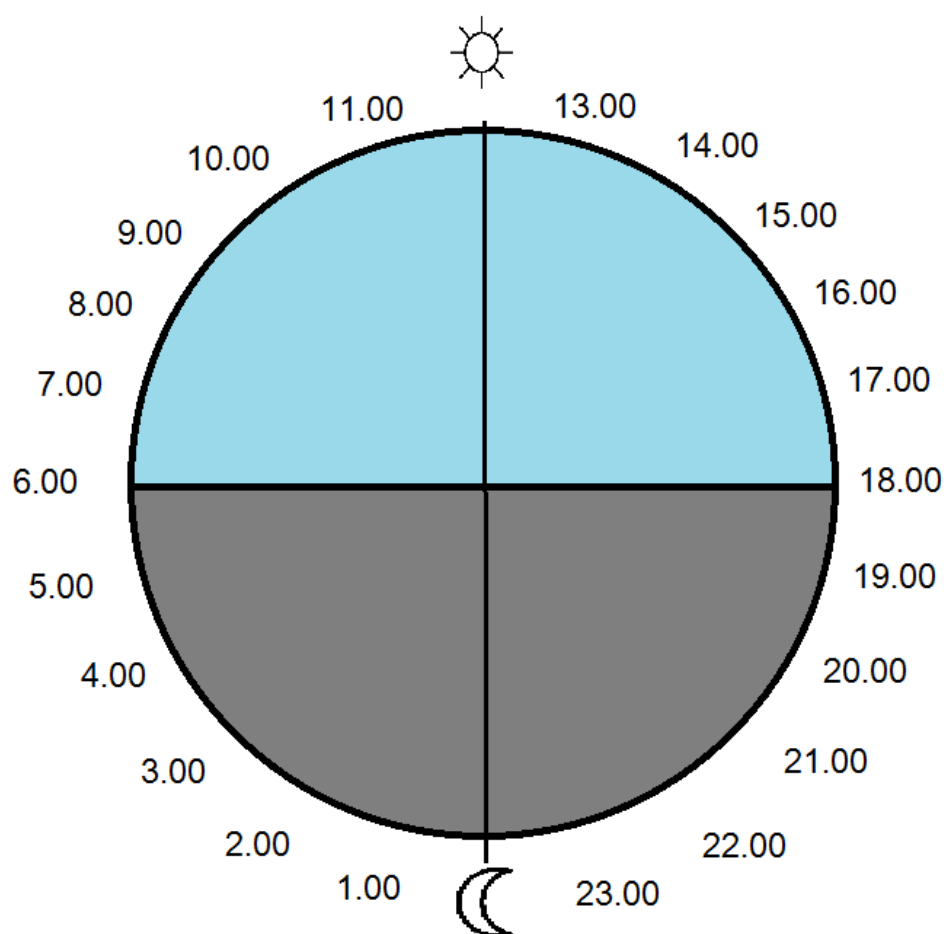
Seat make & model: _____

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)

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

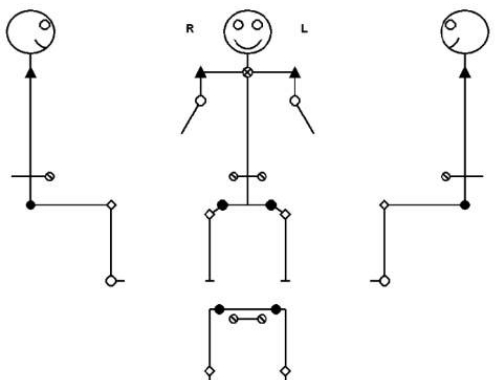
(Protraction/Retraction, Elevation/Depression, Flexion/Extension)

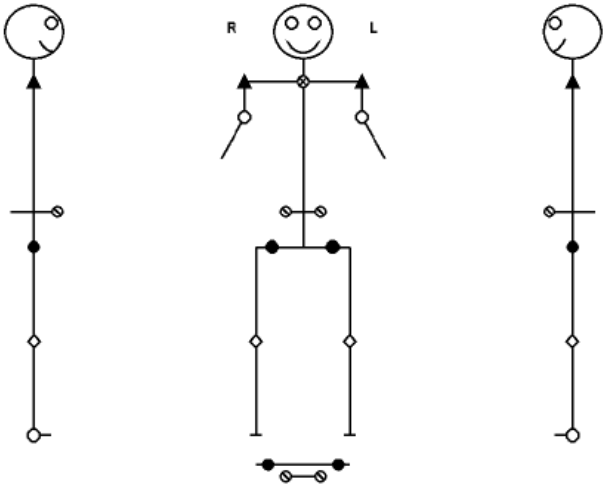
Head Position

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

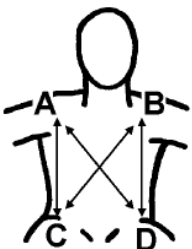
Weight Distribution (Right/Left/Even)

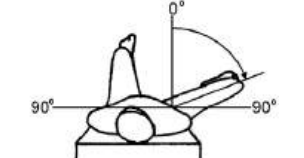
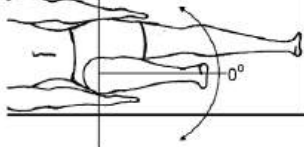
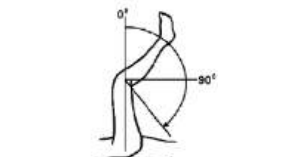
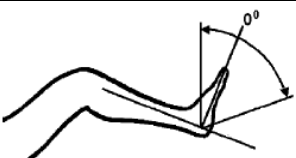
Feet, Thighs, Buttocks, Back, Head, Upper Limbs, IT's


Other Observations

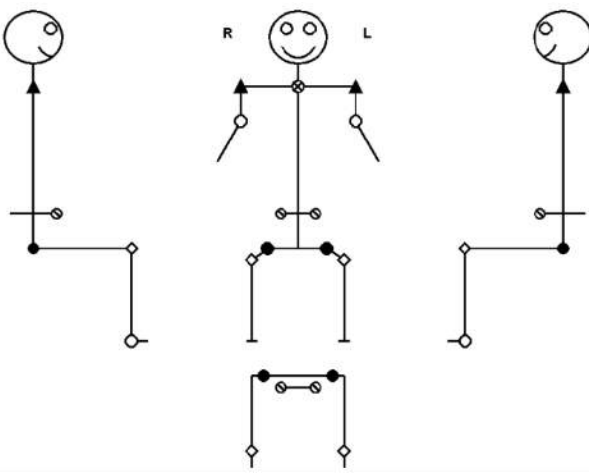
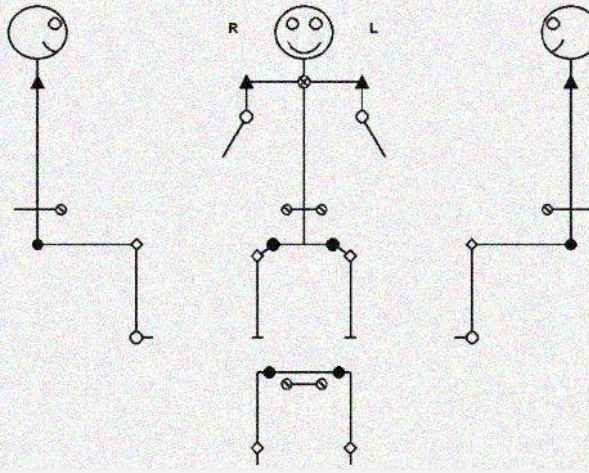
Observation of supine lying:	
Pelvic Tilt (Anterior Tilt, Neutral, Posterior Tilt; Fixed/Flexible/Functionally Fixed/Flexible)	
Pelvic Obliquity (Right ASIS Lower, Left ASIS Lower; Fixed/Flexible/Functionally Fixed/Flexible)	
Pelvic Rotation (Right ASIS Forward, Left ASIS Forward; Fixed/Flexible/Functionally 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

This form can be used by other services once SeatTech is acknowledged, and logos from SeatTech and Enable Ireland removed.

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

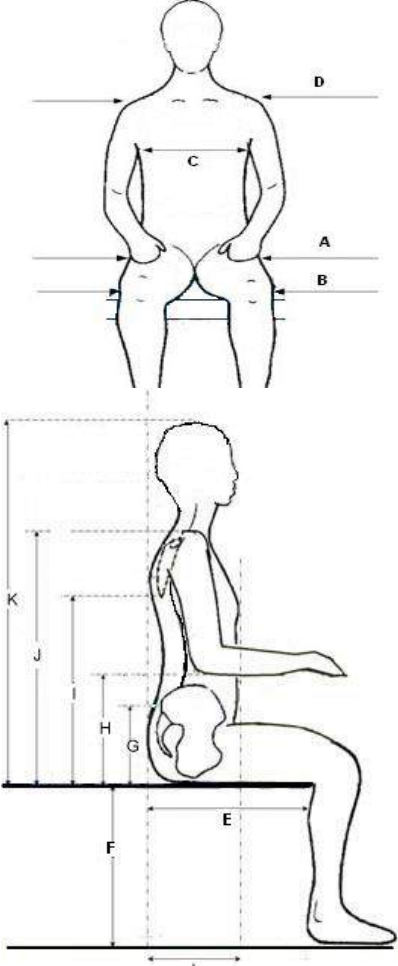
Range of Motion			
Hip Joint			
Hip Flexion to Neutral Standard Range 120/90/0 Right 90	Left 90		
Hip ABduction to ADduction (hip 90) Standard Range 80/0/20 Right 0	Left 0		
Hip external rotation to internal rotation (hip 90) Standard Range 45/0/35 Right 0	Left 0		
Knee			
Knee Flexion to Extension (hip 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		

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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: 		

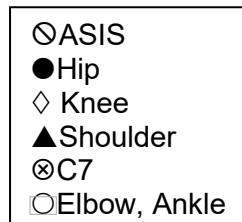
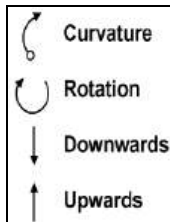
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ANTHROPOMETRIC MEASUREMENTS

	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				

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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

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)

Tilt (Side view)



Left
Obliquity



Right
Obliquity



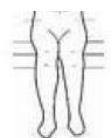
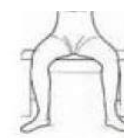
Neutral



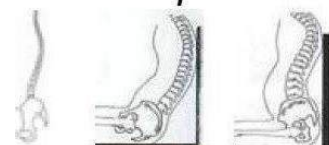
Right
Rotation



Left
Rotation



Anterior / posterior



Posterior

Anterior

Scoliosis (Frontal View)



Concave to
the right



Concave to
the left